



Dear Patient,

Welcome to The Children's Hospital of Philadelphia Home Care Specialty Pharmacy. We are excited about the opportunity to serve you for your pharmacy needs.

The staff understands that your medical needs may be complex and require special knowledge when collaborating with your medical provider and insurance company. We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy. You can expect:

- **Personalized Patient Care**
Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. Specialty patients will be auto-enrolled in the Patient Management Program. The program provides patients with training, education, and counseling.
- **Collaboration with your Doctor**
We will work directly with your doctors and caregivers to make sure any difficulties you may be having with your treatments are addressed immediately. We will also provide coordination of prior authorizations with your insurance company.
- **Regular Follow-up**
Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, provide refill reminders, and will be your healthcare advocate.
- **Insurance Benefits**
Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits.
- **Delivery**
We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you by phone or other electronic method (i.e., text message, email or MyCHOP message) 5 - 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and set up a delivery date.
- **24/7 Support**
Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends. We are always here to answer any questions and address any concerns you may have.



Our business hours are Monday-Friday 8:30 AM-5:00 PM EST*

Phone: 267-425-8888 (option 3, option 0)

Fax: 267-425-9143

For non-urgent issues, you can also send a MyCHOP message to CHOP Specialty Pharmacy.

A pharmacy staff member will respond to your message within 3-5 business days.

**Closed on weekends and all major holidays, including New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.*

Clinical staff is available by phone 24 hours a day, year-round at above phone number.

When to contact us:

- You have any questions or concerns about your medication
- When 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
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our specialty pharmacy service
- You have a question about an order delay

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing The Children's Hospital of Philadelphia Home Care Specialty Pharmacy.

Sincerely,

The Children's Hospital of Philadelphia Home Care Specialty Pharmacy Team

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a patient receiving care through Children's Hospital of Philadelphia Home Care Specialty Pharmacy, you should understand your role, rights, and responsibilities.

As our patient, you have the right:

- To express concerns, grievances
- To receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive information on how to access support from consumer advocates groups
- To receive information to assist in interactions with the organization
- To receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another
- To receive pharmacy health and safety information to include consumers rights and responsibilities
- To know the philosophy and characteristics of the patient management program
- To have personal health information shared with the patient management program only in accordance with state and federal law
- To identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- To speak to a health professional
- To receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary
- To receive information about the patient management program
- To receive administrative information regarding changes in or termination from the patient management program
- To decline participation, revoke consent or disenroll from the patient management program at any point in time

As our patient, you have the responsibility:

- To notify your physician and the pharmacy of any potential side effects and/or complications
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the patient management program of changes in this information
- To notify your treating provider of your participation in the patient management program, if applicable

IMPORTANT INFORMATION

➤ **Patient Management Program**

- As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program.
- The Patient Management Program provides benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. The program is most effective when you are willing to follow directions and are compliant to therapy.
- The program is provided to you at no cost, and your participation is voluntary.
- If you wish to opt out of the program, please call and speak to our pharmacy staff.

➤ **Financial Information and Assistance**

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources.
- These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual and lifetime co-insurance limits.
- Co-payments are due at the time of shipping or pickup. We accept all major credit cards and can maintain your credit card information on file in a secured environment.
- We have access to financial assistance programs to help with co-payments and ensure there are no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

➤ **Insurance Claims**

- We will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue. If, based on your health benefit plan, we are out of network, we will provide you with the cost of your medication in writing.

➤ **Refills**

- You will be contacted by a team member by phone or other electronic method (i.e., text message, email or MyCHOP message) 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call and speak to a member of the specialty pharmacy team to process your refill requests or you can send a MyCHOP message to CHOP Specialty Pharmacy. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan.

➤ **Prescription Transfers**

- If our pharmacy cannot provide you with the prescribed medication, we will consult with your provider and a pharmacist will transfer your prescription to another pharmacy, if necessary. We will inform you of this transfer of care.
- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please contact us.

➤ **Adverse Drug Reactions**

- If you are experiencing adverse effects to your medications, please contact your doctor or the pharmacy as soon as possible.

➤ **Drug Substitution Protocols**

- Our pharmacy will always use the most cost-efficient option for you. From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request.

➤ **Proper Disposal of Sharps**

- A sharps container will be provided to you if you are prescribed an injectable medication. All needles, syringes and other sharp objects should be placed in the sharps container for proper disposal.

➤ **Proper Disposal of Unused Medications**

- 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

➤ **Drug Recalls**

- If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the FDA or drug manufacturer.

➤ **Emergency Disaster Information**

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

➤ **Concerns or Suspected Errors**

- We want you to be completely satisfied with the care we provide. If you or your caregiver have any issues, please contact us directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days.
 - URAC Complaint Info
 - Website: <https://www.urac.org/complaint/>
 - Email Address: grievances@urac.org
 - Pennsylvania State Board of Pharmacy
 - Website: <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pharmacy/Pages/default.aspx>
 - Telephone: (717) 783-7156
 - Email: ST-PHARMACY@PA.GOV

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you or your child may be used and disclosed, and how you can get access to this information. If you would like a written copy of the full document, please contact CHOP Specialty Pharmacy at 267-425-8888 (option 3, option 0) or visit www.chop.edu/patients-and-visitors/protecting-patient-privacy.

What is a Notice of Privacy Practices?

Children's Hospital of Philadelphia (CHOP) knows your medical information is personal and private. Your medical information may include notes from doctors' appointments and hospital stays, reports from surgery, test and lab results, and copies of X-rays. These are just a few examples. Other types of information about your medical information may also be included.

By law, we must maintain the privacy of your medical information and provide this Notice of Privacy Practices that tells you:

- How CHOP may use and share your medical information without your written permission
- Your rights concerning the privacy of your medical information, including how you may look at or get a copy of your information from CHOP.

If you are a parent or legal guardian receiving this Notice because your child receives care at CHOP, please understand that when we say "you" in this notice we are referring to your child. We are talking about the privacy of their medical information.

How do we use and share your information for purpose of treatment, payment and to manage our healthcare facilities?

Healthcare providers may use and share your medical information for certain reasons without your written permission. The most common reasons are listed below, along with some examples and exceptions.

- The members of your CHOP healthcare team may use and share your medical information to provide you with care.
- Staff at CHOP may use and share your medical information so we can get paid for your care.
- We may share your medical information electronically to ensure that your healthcare providers outside of CHOP have access to your medical information.
- Staff may use or share your medical information to help us manage our facilities.

NOTICE OF PRIVACY PRACTICES (CONTINUED)

What are your privacy rights?

You have the following rights concerning your medical information. If you would like to make use of any of these rights, contact your doctor or other healthcare providers at Children's Hospital of Philadelphia, our Health Information Management department, or our Privacy Officer. You may need to send your request in writing in some cases.

- Right to look at and obtain a copy of your records
- Right to request a change to your medical information
- Right to a list of certain disclosures of your medical information
- Right to request a restriction
- Right to request confidential communication
- Right to revoke an authorization to share your medical information
- Right to paper copy of this notice and the location of this notice on our website
- Right to receive notification of a breach of your information
- Revisions to this notice

Whom do you contact if your privacy rights have been violated or if you have a question?

If you believe the privacy of your or your child's medical information has been violated, you may file a complaint directly with the Children's Hospital of Philadelphia Privacy Officer by telephone or in writing. We respect your right to file a complaint and will not take any action against you for doing so. All complaints we receive are fully investigated.

You may also file a complaint with the U.S. Department of Health and Human Services by visiting their website www.hhs.gov/hipaa/filing-a-complaint or calling 800-368-1019.

CONTACT THE PRIVACY OFFICER

Phone:

215-590-1000

By mail:

Children's Hospital of Philadelphia

Attn: Privacy Officer

3401 Civic Center Blvd.

Philadelphia, PA 19104

OUR COMMITMENT TO DIVERSE POPULATIONS

Children's Hospital of Philadelphia complies with all applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, age, national origin, ancestry, sexual orientation, gender identify/expression, genetic information, marital status, disability, victim of domestic or sexual violence status, covered veteran status, or other protected classifications to the extent required by applicable laws.

Children's Hospital of Philadelphia:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact **800-879-2467**.

If you believe that Children's Hospital of Philadelphia has failed to provide these

services or discriminated against you or your child on the basis of any protected class mentioned above, you can file a grievance with:

The Family Relations Office
c/o Children's Hospital of Philadelphia
3401 Civic Center Blvd., Philadelphia, PA
19104
Phone: **267-426-6983**
Email: **familyrelations@chop.edu**

You can file a grievance in person, by phone, email or complete the online form (link below). If you need help filing a grievance, our Family Relations team is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave.
SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: **800-368-1019, 800-537-7697 (TDD)**
Complaint forms are available at **hhs.gov/ocr/office/file**.

CHOP IS COMMITTED TO LANGUAGE ACCESSIBILITY

There are two options to call CHOP Specialty Pharmacy using an Interpreter.

Option 1: CHOP provides an interpreter for families that speak one of these languages.

If you would like to have an interpreter on the line before you place a call to CHOP, please dial **877-463-7907** (*Available 24 hours a day /7 days a week) and follow the menu prompt in your preferred language. You will be connected directly to an interpreter for your selected language without having to wait for an operator, and this interpreter will connect you to the CHOP phone number of your choice, and then stay on the line to interpret the call.

The following languages are available on “CHOP Speaks Your Language”, as announced in its menu prompts:

1= Spanish/Español	4= Cantonese/普通话	7= French/ Français
2= Arabic/عربي	5= Vietnamese/Tiếng Việt	8= Russian/русский
3= Mandarin/普通话	6= Portuguese/Português	9= Nepali/नेपाली

To access an interpreter for a language not listed above, call the number below and get connected to Interpreter Services (available from 8 a.m. to 5 p.m.).

- [Bengali/বাংলা](#), (833) 714-3267
- [Burmese/မြန်မာဘာသာ](#), (833) 716-5556
- [Farsi/فارسی](#), (833) 719-6855
- [Haitian Creole/Kreyòl Ayisyen](#), (844) 219-0574
- [Korean/한국어](#), (844) 219-1368
- [Polish/Polskie](#), (844) 219-8269
- [Somali/Soomaali](#), (844) 219-6880

Option 2: CHOP Specialty Pharmacy staff can arrange for an interpreter.

Call **267-425-8888** (option 3, option 0). This is the Specialty Pharmacy Department at CHOP.

- Ask us to call you back with an interpreter.
- Specify the language you need.
- Tell us your child’s name.
- Leave the phone number for us to call you back.

Once we get this basic information, we will hang up the phone.

1. We will call an interpreter.
2. Then, we will call you back using a conference call between you, the interpreter, and CHOP Specialty Pharmacy to help you.
3. This process can take up to 15-20 minutes, but is usually completed in less time