



Dear Patient,

Welcome to **Unity Health Care Pharmacy**! We are excited about the opportunity to serve you for all of your pharmacy needs. We specialize in caring for patients in the Washington DC area. Please review our Welcome Packet and contact our pharmacy with any questions.

The pharmacy staff at **Unity Health Care** understands that your medical needs are very important. We understand you may need help with your medical provider and/or insurance company. We are dedicated to giving you the best personal service you need to help you achieve the most benefit from your therapy.

This help includes:

- Coordination of prior authorization with your insurance company
- Help following medical advice for your medication
- Free delivery
- Training, education, and counseling
- Refill reminders

We look forward to providing you with the best service possible. We thank you for choosing **Unity Health Care Pharmacy**.

Sincerely,

The Unity Health Care Pharmacy Team!

March 2024

Pharmacy Information

Location
Unity East of the River
4414 Benning Rd
Washington DC 20019
Contact
Website: https://www.unityhealthcare.org/
Phone: (844) 370-6200
Pharmacy Hours
Monday-Friday: 8:30 AM- 5:00 PM
Saturday-Sunday: Closed

Education and Support

It is important to understand your medical condition and the medication used to treat it. We provide the following educational resources:

- If you experience a medical emergency, please call 911 immediately.
- Educational material (e.g. drug monograph) for the dispensed medication received.
- Pharmacists are available to answer your questions in person during working hours.

Monday-Friday: 8:30- 5:00 PM
Saturday-Sunday: Closed

- Support is available by calling **{(844)-370-6200}**

When to Contact Us

You have questions or concerns about your medication therapy

- 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 check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

Important Information

Financial Information

- Before your care begins, a pharmacy 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. Where permitted, these programs include discount coupons from drug manufacturers and assistance from various foundations. We will assist you with enrollment into such programs, when available.

Filling a Prescription

- Your provider can send us your prescription, or you can provide it to us in person or through the mail.
- If you would like a refill, you can order via our phone system or on the web.

Drug Substitution

- When available our pharmacy will look for a drug substitution to save on your copay, if approved by you and your provider.
- Refill your prescriptions by calling the pharmacy or refill online. You may also sign up to receive refill reminder messages. Ask a pharmacy staff member about enrolling.

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a red sharps container. If your doctor prescribes an injectable medication, sharp containers may be available for a small fee or at no cost.
- Check with your local waste collection service for instructions on how to properly dispose of sharps containers.
- You can also visit the following website for more information:
 - <https://safeneedledisposal.org/>

Proper Disposal of Unused Medications

- Do not flush unused medications or pour them down a sink or drain.

- 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:
 - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 - <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
 - <https://www.rxdrugdropbox.org/>

Drug Recalls

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

Accessing Medications During an Emergency or Disaster

- If the pharmacy may be impacted by an emergency or disaster, please check our website or call pharmacy for information.
- In the event of an emergency or disaster in your area, please contact the pharmacy to inform us where to deliver your medication.
- A transfer of your medications may be possible to ensure your therapy is not interrupted.
- What else you can do to be ready for an emergency or disaster:
 - Get a Kit of emergency supplies.
 - Be prepared to improvise and use what you have on hand to make it on your own for at least three days.
 - Make a Plan for what you will do in an emergency.
 - Develop a Family Emergency Plan.
 - Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.
 - Order free preparedness materials from FEMA or the American Red Cross
 - Create a Plan to Shelter-in-Place
 - Create a Plan to Get Away
 - Be Informed about what might happen.
 - Know the risks where you live, work, learn and play.
 - Get Involved in preparing your community.

Medication Issues and Concerns

- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact the pharmacy by phone, online or in writing to discuss your concerns.

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Prescription Transfers

- 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

Patient Rights and Responsibilities

As a patient 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 provider's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation at any point in time

As our patient, you have the **RESPONSIBILITY** to:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program
- 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

Unity Health Care Pharmacy has an 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 UPS next day 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. Go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.
5. Do not return to an evacuated area until it has been declared safe by appropriate authorities.

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

Proper Hand Washing

Follow these steps every time you wash your hands:

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air-dry them.
- If water is unsafe to drink use hand sanitizer rather than washing.

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.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the best way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach
- 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 and

- know the side effects of the medication you are taking
- Before administering an injectable medication for yourself or others wash your hands thoroughly and prepare a clean area to give the injection.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path as well as soft and uneven surfaces

Slips and Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Secure throw rugs or remove them all together
- Install handrails on all stairs, showers, bathtubs and toilets
- Keep stairs clear and well lit
- Place rubber mats or grids in showers and bathtubs
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness
- Wipe up all spilled water, oil or grease immediately
- Pick up and keep surprises out from under foot including electrical cords
- Keep drawers and cabinets closed
- Install good lighting to avoid searching in the dark

Lifting

If it is too big, too heavy or too awkward to move alone -GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance
- Bend your knees and straddle the load
- Keep your back as straight as possible while you lift and carry the load
- Avoid twisting your body when carrying a load
- Plan ahead - clear your way

Poisoning

- Keep all hazardous materials and liquids in locked cabinets or out of the reach of children.
- Keep medications out of the reach of children.
- Have a working carbon monoxide detector in your home. The best places for a CO detector are near bedrooms and close to furnaces.
- Remember, if you suspect that you or someone you know has been poisoned, immediately call the toll-free Poison Help line (1-800-222-1222), which connects you to your local poison center.

Electrical Accidents

Watch for early warning signs, overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use
- Extension cords must have a big enough wire for larger appliances
- If you have a broken plug outlet or wire, get it fixed right away
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault
- Do not overload outlets with too many plugs
- Use three-prong adapters when necessary

Smell of Gas

- Open windows and doors
- Shut off appliance involved (You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home)
- Don't use matches or turn on electrical switches
- Don't use telephone - dialing may create electrical sparks
- Don't light candles
- Call gas company from a neighbor's home
- If your gas company offers free annual inspections, take advantage of them

Fire

Pre-plan and practice your fire escape. Plan for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs.

Here are some steps to prevent fires:

- Install smoke detectors as they are your best early warning, test frequently and change the battery every year
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home
- Throw away old newspapers, magazines and boxes
- Empty wastebaskets and trashcans regularly
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out and have been wetted down first or dump into toilet.
- Have your chimney and fireplace checked frequently:
- Look for and repair cracks and loose mortar
- Keep paper, wood and rugs away from area where sparks could hit them
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly
- If nearby walls or ceilings feel hot, add insulation
- Keep a fire extinguisher in your home and know how to use it

If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority
2. Get help on the way - with no delay - **CALL 9-1-1**
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke and signal help from the window

For more information about the CDC and their mission to protect America from health, safety and security threats, both foreign and in the U.S., please visit: <https://www.cdc.gov/>.

Additional Information

NOTICE OF USES – PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the organization is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as the organization must maintain in relation to your protected health information. This Notice of Uses is being provided to help you understand how the organization meets these minimum standards. It is also meant to inform you of the ways that the organization may use the personal information it collects about you and how it may disclose it.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information found in your medical record from disclosure without your authorization. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care; and
5. Any information that someone could reasonably use to identify you as receiving the care.
6. Any genetic information about an individual for underwriting purposes.

This information is referred to as Protected Health Information throughout this Notice.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

As a Covered Entity, the organization is required to inform you of how it may use your protected health information. In providing treatment to you, the organization will use your protected health information for the purposes of treatment, payment and healthcare operations.

Treatment - As it pertains to the organization, treatment means providing to you drugs, medications, supplies and durable medical equipment services as ordered by your provider. Treatment also includes coordination and consultation with your physician and other health care providers. As the organization provides these services to you, information obtained during this process will be recorded in your medical record. The organization will use this information, in coordination with your physician, to determine the best course of treatment for you.

Payment - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by the organization. This includes, but is not limited to, copay assistance, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

Healthcare operations - Operations can include, but are not limited to, review of your protected health information by members of the organization's professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you by the organization. Healthcare operations also include the organization's business management and general administrative activities.

OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, the organization must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent the organization has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. the organization may in the following circumstances disclose your protected health information.

1. the organization may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance in evacuation due to your medical condition.
2. the organization may disclose to a member of your family, other relative, or 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.
3. the organization may disclose protected health information to others as required by law.
4. the organization may disclose protected health information for certain public health activities and purposes.
5. the organization may disclose protected health information to a legally-authorized

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.

6. the organization may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.

7. the organization may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

8. the organization may disclose protected health information to attorneys, accountants, and others acting on behalf of the organization, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

YOUR RIGHTS AS A PATIENT OF THE ORGANIZATION

In accordance with HIPAA you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, the organization is not required to agree to the requested restrictions.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Uses.
4. You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
6. You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
7. You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

RESPONSIBILITIES OF THE ORGANIZATION

In accordance with HIPAA, the organization is required to:

1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice.
3. Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.
4. Post its Notice of Uses on its website.
5. Notification of Breach of PHI to affected individuals of any unauthorized acquisition,

access, use, or disclosure of unsecured PHI without unreasonable delay but not later than 60 calendar days after discovery.

Please be advised that in addition to these responsibilities, the organization reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Uses, it will provide you with a revised notice to the most recent address you have supplied to the organization.

The organization will not use or disclose your protected health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

Privacy Officer
320 South Polk Street, Suite 900
Amarillo, TX 79124
1 (800) 658-6146
Or

The Office of Civil Rights
U.S. Department of Health & Human Services
200 Independence Avenue SW
Room 509F HHH Building
Washington D.C. 20201
1 (800) 368-1019

Thank you for choosing **(Unity Health Care Pharmacy)** to service all of your pharmacy needs.