

# Dear New Patient,

Welcome to Meijer Specialty Pharmacy (MSP). We look forward to helping you manage your health. Our patient care team will provide you with the service needed to ensure you get the most from your therapy.

Here are some of the services we offer:



### Medication Education

Meijer Specialty Pharmacy will provide education on your medication through our team of healthcare professionals.



### Insurance Support

We work with your insurance to understand your coverage options.



### Financial Support

Meijer Specialty Pharmacy will help identify sources of financial assistance if you require help in paying for your medications.



### Patient Management Program (PMP)

Meijer Specialty Pharmacy will educate you on your unique disease and secondary conditions or symptoms you may have.



### 24/7 Pharmacist Support

Access to pharmacists 24 hours a day, 7 days a week.



### Refill Reminders

Meijer Specialty Pharmacy will contact you to remind you when refills are due.



### Nutritional Support

Meijer registered dietitians provide condition-specific resources and recipes to help you live a healthier life. Scan QR code with your phone camera or visit our website for more information.



### Text Messaging

To opt-in for helpful text messages regarding your therapy, scan the QR code with your phone camera or text "Join" to 75049.

Our program can help you take your medications correctly, manage side effects, and understand your therapy. In addition, you can visit our website at [meijerspecialtypharmacy.com](https://meijerspecialtypharmacy.com) 24 hours a day.

In this folder, there is information for you to read. You will find our Patient Rights and Responsibilities, Notice of Privacy Practices, and Release of Information Notice. After you read these documents, please sign the signature page and return them in the enclosed postage-paid envelope.

We look forward to giving you the best service possible. We are glad you chose Meijer.

Thank you.

**Your Meijer Specialty Pharmacy Team**

## What To Expect

We know managing an ongoing condition or serious illness can be difficult. We also understand your medical condition requires you to have special knowledge and training. Meijer Specialty Pharmacy is committed to working with you and your doctors to help you receive quality care.

- **Personalized Patient Care:** Our team members will develop and discuss your treatment plan with you. We will answer any questions or concerns you may have.
- **Collaboration with your Doctor:** We will work with you and all members of your health care team. Meijer Specialty Pharmacy will help coordinate your care with your physicians to address any difficulties you may have with your therapy.
- **Regular Follow-Up:** Getting your medications and supplies quickly and easily is important. Our patient care team will work closely with you during your treatment.
- **Insurance Benefits:** Treatment can be costly. We will help you navigate the health care system to explore options available to you. Our relationships with insurance companies will help us to provide you with information and explanations of your drug and medical benefits.
- **In-Store Pickup:** We offer in-store pickup for most specialty medications at your preferred Meijer Pharmacy location where available. Some medications require special handling and may not be available for in-store pick up but may be shipped to your home at no cost.
- **24/7 Support:** Our team is available 24 hours a day, 7 days a week. We are always here to answer any questions or concerns you may have. Call 1-855-263-4537.
- **Copay and Financial Assistance Programs:** We will help you access programs that may lower your costs. These programs include manufacturer copay assistance and financial aid from foundations. To receive assistance, Meijer will need to review, use, and share your protected health information (PHI) with these programs. You are not required to agree to the authorization and we will not refuse treatment, payment, enrollment, or eligibility for benefits. However, we cannot assist you in getting help from these programs if you do not give authorization. If you have any questions, please call 1-855-263-4537.

## Meijer Patient Rights and Responsibilities

### A patient of Meijer Specialty Pharmacy has the right to:

- Know your share of the cost prior to purchasing the medication. This will be given verbally or in writing. You also have the right to know about the patient management program.
- Identify pharmacy staff, by name badge and job title. You may speak with a pharmacist if requested.
- Choose a healthcare provider and speak to a health professional upon request.
- Receive information about services the pharmacy will provide and any limits of those services, if applicable.
- Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
- Have your property and person treated with respect and recognition of your dignity and individuality.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and theft of property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or service without restraint, interference, coercion, discrimination, or retaliation.
- Have grievances/complaints regarding products that are (or fail to be) provided, or lack of respect of property investigated.
- Participate in decisions concerning any procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on current information.
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information. Personal Health Information will be shared with the Patient Management Program only as required by state and federal law.
- Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
- Be advised on Meijer policies and procedures regarding the disclosure of clinical records.
- Receive appropriate care without discrimination that follow your physician's orders.
- Be informed about any financial benefits when referred to an organization, if applicable.
- Receive before services provided, complete verbal or written information of expected payments from Medicare or other payers, charges that you will pay, and an explanation of all forms you are asked to sign.
- If desired, to be referred to another health care provider in another health care system (such as a different dietician, pain specialist, mental health service provider). You may also be referred back to your own prescriber.
- Be offered assistance with programs you are eligible for that help with patient management services, manufacturer copay and patient assistance programs, and health plan programs (such as tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
- Have a friend or family member help you with your care, treatment, and/or service decisions. Some situations may require you to sign an authorization.

## Meijer Patient Rights and Responsibilities (continued)

- Have the right to not participate, withdraw consent or opt-out of any Meijer Specialty Pharmacy services at any point in time.
- Be advised of how to reach us when we're closed. Our patient care team is available Monday through Friday 9 am-10 pm and Saturday 9 am-5 pm EST. We are closed on Sundays and major holidays. Meijer Specialty Pharmacy phone number is 1-855-2MEIJER (1-855-263-4537). If you need to reach us after hours, call 1-855-263-4537 to connect with our on-call pharmacist.
- Know about any changes we make to our services before the change is made or if we have stop offering a patient management program you participate in.
- Help us develop and make changes to your care plan/service.
- Not participate in, revoke your prior consent in, or stop enrollment in any Meijer Specialty Pharmacy service at any time.

### A patient of Meijer Specialty Pharmacy has the responsibility to:

- Adhere to treatment plan or service created by your physician. Tell your physician you participate in Meijer Specialty Pharmacy's Patient Management Program.
- Provide accurate and complete information about your past and present medical history, contact information, and to tell us when there are any changes to this information.
- Agree to a schedule of services and report any cancellation of treatments.
- Submit legally required forms necessary to participate in the program.
- Help us create and update your care plan.
- Tell us when you do not understand or have questions about your treatment or care.
- Follow your care plan and the recommendations from your health care providers.
- Accept responsibility for your actions. If you do not follow your care plan or follow recommendations from your health care providers, you should tell us so we know.
- Respect the rights our pharmacy team members have.
- Tell your physician and pharmacy about side effects or complications from your treatment or you experience because of your treatment or insurance coverage changes.
- Tell us if your prescription or insurance coverage changes.

Promptly tell us when your address or telephone changes, even if it is just temporary. If you have concerns that require Meijer Customer Service assistance, please call 1-855-2MEIJER (1-855-263-4537).

## Patient Information

### How to Contact Meijer Specialty Pharmacy's Accreditation Organizations, if needed:

#### ACHC Complaint Information

Phone: (855) 937-2242 | Website: <http://achc.org/contact>

#### URAC Complaint Information

Phone: (202) 216-9010 | Website: <http://urac.org/contact/file-a-grievance/>

#### Michigan Board of Pharmacy Complaint Information

Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau  
P.O. Box 30018, Lansing, MI 48909  
Phone: (517) 241-7000 | Website: <http://michigan.gov/lara/file-complaint>

#### California Board of Pharmacy Complaint Information

California Board of Pharmacy, Department of Consumer Affairs  
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
Phone: (916) 574-8618 | Website: [http://www.pharmacy.ca.gov/consumers/complaint\\_info.shtml](http://www.pharmacy.ca.gov/consumers/complaint_info.shtml)

#### New York State Complaint Information

New York State Education Department, Office of the Professions, Office of Professional Discipline,  
1411 Broadway, Tenth Floor, New York, NY 10018  
Phone: (800) 442-8106 | Website: <http://www.op.nysed.gov/opd/> | Email: [Conduct@nysed.gov](mailto:Conduct@nysed.gov)

### Specialty Pharmacy Needs

- Please call your Meijer Specialty Pharmacy at 1-855-263-4537 with questions and/or concerns about your medications. If you need to reach us after hours, call 1-855-263-4537 to reach a pharmacist. Our patient care team is available: Monday - Friday 9:00 am to 10:00 pm EST, Saturday 9:00 am to 5:00 pm EST, closed Sunday and major holidays.
- Please call us if you have any questions or concerns about your order status, copay amount, or insurance claims and benefit coverage. If you have any side effects to the medication you were given, tell your physician or pharmacist.
- Our pharmacists are available after-hours for emergencies and clinical situations that cannot wait until normal business hours, such as side effects, help with your medication, and to resolve a complaint.

### Ordering Prescriptions through Meijer Specialty Pharmacy

- Your prescriber must send a valid prescription to our pharmacy. When a valid prescription is on file, you may call our pharmacy to place your order and setup a shipment during normal business hours.
- In most cases, your prescriber can send us your prescription electronically, fax or telephone. Controlled substance prescriptions and state laws may not allow faxed or telephone prescriptions in some situations. If your prescriber gives you the original paper prescription, you must bring or mail it to our pharmacy before we can dispense the medication.
- Your prescription may be filled with a generic equivalent based on state law and equivalency rating. Please ask a pharmacist if you have any questions or concerns.
- Our patient care team will let you know if Meijer Specialty Pharmacy is unable to fill your medication. We will help you know where your medication may be available from upon request.

## Patient Information (continued)

- We will tell you if your prescription may be delayed, which may happen if your medication requires prior authorization, your insurance company limits the amount of medication you may receive, or we have to order your medicine. We will work with you and your prescriber to try and obtain any necessary prior authorizations as quickly as possible. If your insurance company does not make an exception to a quantity limit rule, we will work with you or your prescriber to determine the best way to get the medication you require.

### Receiving Prescriptions from Meijer Specialty Pharmacy

- We will call you to schedule your next refill order about one week before you should run out of medication.
- If you are about to run out of medication and we have not called you, or you want a refill sooner, please contact us. Have your prescription number(s) available to place your order.
- If you need your prescription right away, please let us know. If you cannot wait, you may ask about having your prescription transferred to a local pharmacy. The prescription can usually be transferred back to Meijer Specialty Pharmacy the next time it is needed.

### Prescription Cost

- Meijer Specialty Pharmacy accepts checks, cash, money orders, and all major credit cards. If you mail your payment to us, do not send cash.
- Drug prices can change daily. We cannot know the cost of your medication until it is processed. You may also call the phone number on the back of your prescription insurance card to get the most current information.
- If you have Medicare Part D drug coverage, the cost of your prescription will change as you meet your deductible, initial copay, and reach total out-of-pocket expense. We can assist you with your options.
- If your insurance company considers Meijer Specialty Pharmacy an out-of-network pharmacy, you can ask us to provide an explanation of the medication cost in writing.
- If you cannot afford the cost of your prescription, we will help identify financial assistance or other support from charitable organizations that may be available to you.

### Patient Management Program

- The Patient Management Program is included at no cost to you when you are enrolled as a patient at Meijer Specialty Pharmacy. You may opt out at any time by calling the pharmacy.
- Pharmacists will help you work through problems, concerns, or questions you have with your therapy. Topics our pharmacists may discuss with you include an overview of your condition, medications, dosing, how and when to take your medication, interactions with food and drugs, side effects, physical assessments, and coordinating care with your health care professionals.
- Our Patient Management Program is designed to help you manage side effects, work towards improved overall health, improve your knowledge about your medication through education and awareness, and improve medication compliance. When coordinating care with your physician is needed, your pharmacist will have information about you to help make informed decisions about what is best for you.
- Our Patient Management Program depends on your involvement to be effective. You must be willing to follow the advice and recommendations of your prescriber and pharmacist, take your medication as prescribed, and discuss the details of your condition, medical history, and current habits so your pharmacist has a clear understanding of your situation.

## Patient Information (continued)

- Tell your prescriber you are a patient of Meijer Specialty Pharmacy and are enrolled in our Patient Management Program. A good relationship between your prescriber and pharmacist is important to quality care.

### Complaint Procedure

You have a right and responsibility to inform us of concerns, dissatisfaction, or make complaints about the services you did or did not receive without fear of retaliation or interruption of services. If you have a complaint, call us at 1-855-263-4537.

### Discrimination Complaint

Meijer Specialty Pharmacy follows all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat you differently because of race, color, national origin, age, disability, or sex. Please see the Notice of Privacy Practices. If you have a discrimination complaint, call our pharmacy civil rights coordinator at 1-800-543-3704.

### Side Effects to Medication

If you experience any side effects to your medication, tell your prescriber or call Meijer Specialty Pharmacy at 1-855-263-4537.

### Proper Disposal of Unused Medications

For information on how to dispose of unused medications, call the pharmacy or go to the websites below.

- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
- <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
- We will contact you if there is a recall on your medication that affects you.

### Emergency Preparedness Information

Meijer Specialty Pharmacy has a plan if a disaster occurs. Disasters include a fire to our facility, chemical spills, major weather events and evacuations. Our goal is to continue to service your needs. If there is a threat of disaster or bad weather, contact us for any medications you need to make sure you have enough.

Follow directions from the authorities in your area. Meijer Specialty Pharmacy will use every resource available to continue to make sure we can serve you. While unlikely, there may be times where we cannot meet your needs because of an emergency. In these situations, you must use your local rescue or medical facility. Please read the guide below to help you in case of an emergency or disaster:

- If live near and usually pickup your medications from one of our local Meijer pharmacies and the pharmacy cannot get your medication to you, we will transfer your medication to any another nearby Meijer Pharmacy, or to any other pharmacy of your choice.
- If we cannot reach you or you cannot reach the pharmacy, please listen to your local news for help.
- Make sure we have an emergency contact number so we can reach you.

### Home Safety Information

We want you to keep an eye on your home and maintain safe habits. The safe way is always the right 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.

## Patient Information (continued)

### Medication

- Always store medications and poisons out of reach from children and animals.
- Keep your medication in the original, labeled container it was given to you in.
- Do not give your medication to another person and do not take another person's medication.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.

### Mobility Items

When using items like canes, walkers, wheelchairs or crutches, use care to prevent slips and falls:

- Use care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchair or seated walker in the lock position when standing up or before sitting down.
- Wear shoes when using mobility items. Try to avoid obstacles in your path and soft or uneven surfaces.

### Slips and Falls

Slip 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 so you have clear paths.
- 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 right away.
- Keep drawers and cabinets closed.
- Install good lighting.

### Lifting

If it is too big, too heavy, or too bulky to move alone, ask for 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 when lifting heavy objects.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead and clear the path for moving items.



## Patient Information (continued)

### Electrical Accidents

Watch for early warning signs, such as overheating, a burning smell, or sparks. Unplug the appliance and have 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.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

### Fire

Plan ahead and practice your fire escape. Plan 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. Never use an elevator in a fire emergency. You should notify the fire department ahead of time if you have a disability or special needs they need to know about. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, put a “No Smoking” sign in plain view.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not empty ashtrays or toss matches into wastebaskets unless you know they are out.
- 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 pads 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.

## Patient Information (continued)

### If You Have a Fire or Suspect a Fire

- Take immediate action - escape is your top priority.
- Get help right away. Call 911.
- If your fire escape is unavailable, close the door and seal the cracks to hold back smoke. Signal help from the window.

### Washing Your Hands Appropriately/Infection Control

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Touch any blood or body fluids.
- Touch bedpans, dressings, or other soiled items.
- Use the bathroom or bedpan.
- If you are coughing, sneezing, or blowing your nose, clean your hands often.
- When cleaning your hands with soap and water:
  - Wet your hands and wrists with warm water.
  - Use soap. Work up a good lather, and rub hard for 15 seconds or longer.
  - Rinse your hands well.
  - Dry your hands well.
  - Use a clean paper towel to turn off the water.
- Wet your hands and wrists with warm water.
- Use soap. Work up a good lather, and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well.
- Use a clean paper towel to turn off the water.
- When cleaning your hands with hand sanitizers (waterless hand cleaners):
  - For gel product, use one application.
  - For foam product, use a golf-ball size amount.
  - Apply product to the palm of your hand.
  - Rub your hands together and cover all surfaces of your hands and fingers until they are dry.

## Discrimination is Against the Law

Meijer Specialty Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Meijer Specialty Pharmacy does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Meijer Specialty Pharmacy

#### **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 Pharmacy Civil Rights Coordinator.

If you believe that Meijer Specialty Pharmacy has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

#### **Pharmacy Civil Rights Coordinator**

2929 Walker Avenue, Grand Rapids, MI 49544

Phone: 1-800-543-3704 | Fax: 616-791-5332 | Email: [pharmacycivilrights@meijer.com](mailto:pharmacycivilrights@meijer.com)

You can file a grievance in person or by mail, phone, fax, or email. If you need help filing a grievance, the Pharmacy Civil Rights Coordinator is available to assist 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

#### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are also available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Interpretation Services

<b>English</b>	If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-543-3704.
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-3704.
<b>Arabic</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالهاتف. اتصل برقم 1-800-374-3704.
<b>Armenian</b>	Ուշադրություն: եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ: Զանգահարե՛ք 1-800-543-3704 (հեռախոս):
<b>Bengali</b>	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-১৮০০-৫৪৩-৩৭০৪।
<b>Chinese</b>	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-543-3704。
<b>French Creole</b>	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-543-3704.
<b>Italian</b>	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-543-3704.
<b>Japanese</b>	注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-543-3704まで、お電話にてご連絡ください。
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-543-3704 번으로 전화해 주십시오.
<b>Punjabi</b>	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੀਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-543-3704 'ਤੇ ਕਾਲ ਕਰੋ।
<b>Persian/Farsi</b>	توجه: اگر به زبان 'ارسی' گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 'راهم می باشد. با 1-800-543-3704 تماس بگیرید
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-543-3704.
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-543-3704.
<b>Vietnamese</b>	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-543-3704.
<b>Yiddish</b>	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-543-3704

## Patient Authorization and Notice of Release of Information

### I. Information to be Used and Disclosed

This Authorization permits Meijer, Inc., Meijer Stores Limited Partnership, Meijer Great Lakes Limited Partnership, and its affiliates (collectively, “Meijer”) to use and disclose my medical records and financial information, including but not limited to my diagnosis, medications, and personal information, e.g., name, address, social security number, health insurance information, if any, and household and income information. All or parts of this information may be considered protected health information (“PHI”). I understand these records may contain information created by other persons or entities, including physicians and other health care providers.

If I initial the options below, information regarding the use of drug and alcohol treatment services, mental health services, reproductive health services, HIV/AIDS treatment, and treatment for sexually transmitted diseases may be disclosed for the purposes listed in section IV.

**In addition, I authorize the release of any of the following information by initialing below:**

- \_\_\_\_\_ Alcohol/Drug Abuse Treatment
- \_\_\_\_\_ Mental Health Information (except psychotherapy notes\*)
- \_\_\_\_\_ Reproductive Health Services
- \_\_\_\_\_ HIV/AIDS Related Information
- \_\_\_\_\_ Sexually Transmitted Disease

\* This form may not be used to release both psychotherapy notes. A separate form must be used for release of psychotherapy notes.

\*\*New York: By my specifically authorizing the release of HIV/AIDS related, alcohol or drug treatment, or mental health treatment information that the recipient is prohibited from re-disclosing such information without my authorization unless permitted to do so under federal or state law. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at 212-306-7450. These agencies are responsible for protecting my rights.

## II. Persons Authorized to Disclose Information

By signing this Authorization, you authorize Meijer to disclose the information described in Paragraph I.

## III. Persons to Whom Disclosure May be Made

Meijer may disclose the information identified in Paragraph I to third parties who provide patient support services, including but not limited to copay cards, free drug programs, access to limited drugs, medication therapy management, reimbursement assistance or disease-based support programs. These third parties may be nonprofit foundations, companies engaged to administer copay card programs, patient assistance or free drug programs, or pharmaceutical manufacturers or companies affiliated with pharmaceutical manufacturers.

## IV. Purpose

My PHI may be used for the purpose of obtaining patient support services, including but not limited to copay cards, free drug, medication therapy management, reimbursement assistance, or disease based support programs as administered by those identified in Section III. Such financial assistance may include covering co-payments or full or partial costs of my treatment.

## V. Expiration Date

This Authorization will remain effective until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . \*Required

## VI. Notices

I understand that once PHI is disclosed pursuant to this Authorization, there is no guarantee under federal law that the recipient will not redisclose my health information to a third party. Any such third party may not be required to abide by this Authorization or applicable federal law governing the use and disclosure of my health information.

## Patient Authorization and Notice of Release of Information (continued)

I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of Meijer’s treatment of me.

I understand that this Authorization will remain in effect until it expires as described above or I provide a written notice of revocation by mail to Meijer Specialty Pharmacy, 2929 Walker Ave NW, Grand Rapids, MI 49544, or via fax to 1-855-963-4537. The revocation will be effective immediately upon Meijer’s receipt of my written notice, except that the revocation will not affect any disclosures by Meijer or others referenced in this Authorization in reliance on this Authorization before Meijer received my written notice of revocation.

### VII. Signature

I have read and I understand the terms of this Authorization, and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby, knowingly and voluntarily, authorize the use and/or disclosure of my health information in the manner described above.

\_\_\_\_\_

Patient’s Name

\_\_\_\_\_

Signature of Patient or Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Description of  
Representative Authority

\_\_\_\_\_

Address of Patient

\_\_\_\_\_

Patient’s Date  
of Birth

## Notice of Privacy Practices for Meijer Pharmacy and Meijer Specialty Pharmacy

**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. This notice is effective January 1, 2018.**

We are required by law to maintain the privacy and security of your protected health information and provide you with information about your rights and our responsibilities. We must follow the duties and privacy practices in this notice and give you a copy of it.

We will not use or share your information other than as described in this privacy notice 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.

If the privacy or security of your health information has been compromised, we will let you know.

### What is protected health information?

For us to provide you with services, we need to know and maintain certain information about you. Information we have about you that can be used to identify who you are is protected health information. Your name, contact information, and information about your health, medical conditions and prescriptions are some examples. This information may relate to your past, present, or future physical or mental health or condition, providing you health care products and services, or your payment for our products or services.

### We May Change this Notice.

We can change the terms of this notice and the changes will apply to all information we have about you. We will provide you with a copy of the revised notice if you ask us. Copies are available at the pharmacy. We will also post the revised notice at the pharmacy and on our pharmacy Web site, [Meijer.com/pharmacy](http://Meijer.com/pharmacy).

### Your Patient Rights

You have certain rights to your health information. To help you, we designated a privacy specialist to answer your questions, respond to requests, and receive complaints. You may contact our privacy specialist by:

**Writing: Meijer Privacy Specialist**

2929 Walker Avenue, N.W.  
Grand Rapids, MI 49544

**Calling:** 1-800-543-3704 and select option 2

**Faxing:** 1-616-791-5332

**Emailing:** [Privacyspecialist@meijer.com](mailto:Privacyspecialist@meijer.com)

To make it easier to communicate with us, we have request forms available at the pharmacy, but they are not required.

**You have the right to file a complaint if you feel your rights are violated.** If you believe your privacy rights were violated, you may file a complaint with our privacy specialist. You can also 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, S.W., 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 if you file a complaint.

**You have the right to ask us to limit what information we use or share about you.** You may 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. We are not likely to agree to a request that may affect your care. We require you to make these types of requests in writing.



## Notice of Privacy Practices for Meijer Pharmacy and Meijer Specialty Pharmacy (continued)

If you pay out-of-pocket for the full cost of our services, you may ask us not to share that information for payment purposes or our operations with your health insurance. You must make this request separately at each of our pharmacies before we submit the claim to your health insurance following our normal operations. We will agree to your request unless the law requires us to share that information with your health insurance.

**You have the right to ask us to communicate with you confidentially.** You may ask us to contact you in a specific way, such as calling you at home or your workplace or sending mail to a different address. You must make your request in writing and tell us how or where you would like to be contacted. We will agree to reasonable requests, but in an emergency we will contact you in a manner we believe is necessary and appropriate.

**You have the right to get an electronic or paper copy of your pharmacy record and other health information we have about you.** We keep your health information in a designated pharmacy record for a time period necessary to comply with laws. We make it easy for you to quickly get a free paper copy of a Medical Expense Statement at the pharmacy, which is a list of your recent prescriptions and how much you paid for them. You can print your own copy using your personal online account on [Meijer.com/pharmacy](https://Meijer.com/pharmacy). You will need your user id and password to access your records.

You may also access or receive a copy of your pharmacy record by submitting a written request. We may charge you a reasonable, cost-based fee. Tell us whether you want a paper or electronic copy, such as on a CD or thumb-drive, and where and who we should send the copy to. We have 30 days from the day we receive your request to respond. While unlikely, if we deny your request to access or copy your health information, you may ask to have the denial reviewed.

**You have the right to ask us to correct your pharmacy record.** If you believe your information is incomplete or incorrect, ask us to correct the information. You can ask the pharmacy to amend your information. If the pharmacy is unable to amend information you believe is incomplete or incorrect, you must ask our privacy specialist in writing to amend your information. Your request must include a reason that supports your request. We may deny your request. If we deny your request it will be in writing within 60 days. You may file a statement of disagreement with our decision and we may give you a rebuttal to your statement.

**You have the right to ask us for a list of those with whom we shared your information.** This list is called an accounting and it will not include disclosures about treatment, payment, and health care operations. Certain other disclosures are excluded from the accounting, such as any you asked us to make, those made directly to you or to friends or family members involved in your care, and disclosures for notification purposes.

You should tell us what time period you want your accounting for, but it may not be longer than six years. One accounting every 12 months is available free of charge. If you ask for another accounting and it has been less than 12 months since your free copy, we may charge you a reasonable, cost-based fee. We will not charge you the fee if we fail to first notify you of the cost and give you an opportunity to cancel or change your request.

**You have the right to choose someone to act for you.** If you give someone medical power of attorney or 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.

**You have the right to get a copy of this privacy notice at any time.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies are available at any pharmacy or by contacting our privacy specialist and are also available at [Meijer.com/pharmacy](https://Meijer.com/pharmacy).

## Notice of Privacy Practices for Meijer Pharmacy and Meijer Specialty Pharmacy (continued)

### How We Typically Use Or Share Your Health Information

We use and share your health information for treatment, payment, and our operations.

**Treatment** means providing, coordinating, or managing your health care by a health care provider. The pharmacies at Meijer are a health care provider. We can use your health information and share it with other health care providers who are treating you. Examples of treatment include dispensing medications, contacting you to follow-up on the care we provide you, providing clinical services such as immunizations and health screening services, and communicating with you about disease state management programs, appointment reminders, refill reminders, adherence programs, treatment alternatives, generic medications, health care products and services we provide, general health or government health programs that may be of interest to you, and other information that relates to your prescribed medications or pharmacy care.

**Program Registrations.** Some medications you take may be part of a Risk Evaluation and Mitigation Strategy (REMS) program. REMS programs may require you to register with an outside company and/or submit diagnostic test results before we dispense the medication. When you enroll or submit test results we may have to share your health information, enrollment, or test results to those outside companies to continue dispensing the REMS medication to you.

**Payment** means actions taken by Meijer to bill for our services. We can use and share your health information to bill and get payment from health plans or other entities. Examples of payment include determining your health insurance plan eligibility and copayment or coinsurance amount, asking your insurance plan to pay us for your services, collections activities, and utilization review activities, such as precertification or obtaining prior authorization for our services.

**Health Care Operations** are the activities we do to run our business. Examples of health care operations where we may use or share your health information include training, quality assessment and improvement activities, reviewing performance or evaluating qualifications of health care providers, legal services and compliance programs, auditing functions, business planning and management activities, preparing prescriptions by a central fill pharmacy we own and operate, sharing information about treatment alternatives, and describing health-related products or services we provide. We may call your name out when your prescription is ready for pickup.

### Situations You Have A Choice About What We Share

In some situations, you can tell us your choices about what we share. If you have a clear preference for how we share your health information in the situations described below, tell us what you want us to do. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**Disaster Relief.** We may, using professional judgment as to what is in your best interest, use or share your health information for disaster relief purposes including providing information to organizations authorized by law or charter to assist in disaster relief efforts.

**Fundraising.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Individuals involved in your health care or payment.** In your absence, our team of pharmacists and other professionals will use professional judgment to share your health information with a family member, close relative, close friend, or any person you identify to be involved in your health care or payment. This allows you to have another person drop off or pick up your prescriptions. Upon your death, we may release your information to the person who was either involved with your health care or has documented authority to act on your behalf or for your estate, unless there is a restriction in place.

## Meijer Pharmacy Notice of Privacy Practices (continued)

### Other Ways We Use Or Share Your Health Information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes, but we do not need your written authorization. Other ways we may use or share your health information are:

**Business associates.** We contract with vendors (called business associates) to help us perform our services. We may share your health information with our business associates so they can do the job we asked them to do for us.

**Public health and safety activities.** When allowed or required by law, we may share your health information with a public health authority, such as the Centers for Disease Control and Prevention, Food and Drug Administration (FDA), Occupational Safety and Health Administration, and State or local health departments, for the purpose of preventing or controlling disease, injury, or disability.

Public health activities may include reporting child abuse or neglect, reporting information to the FDA (such as quality, safety or effectiveness information about FDA regulated products, adverse events, product defects or product deviations, tracking FDA products, product recalls, repairs, replacements, lookbacks, or post marketing surveillance), and notification of communicable diseases for intervention or investigation. If we report to your employer information for an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work related illness or injury, we will first notify you. Immunization reporting to your school, if required by state law for enrollment purposes, requires your consent.

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

**Health oversight activities.** We may share your health information to a health oversight agency for activities allowed by law, such as audits, inspections, investigations, legal proceedings, licensure or disciplinary actions, other activities necessary for oversight of the health care system, eligibility for government benefit programs, compliance with government regulatory program standards, and compliance with civil rights laws.

**Judicial and administrative proceedings.** If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may also respond to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts were made to tell you about the request or obtain an order protecting the requested information.

**Law enforcement.** We may share your health information for law enforcement purposes when required by law or to respond to a valid subpoena or other legal process. If law enforcement asks us for help, we may assist in locating or identifying a suspect, fugitive, material witness, or missing person. If you commit a crime on our premises, we may share your health information with law enforcement.

**Coroners, medical examiners, and funeral directors.** We may release your health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may share your health information to a funeral director consistent with applicable law to carry out their duties.

## Meijer Pharmacy Notice of Privacy Practices (continued)

**Organ or tissue procurement organizations.** We may share your health information with organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Research.** We may share your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure your privacy and has altered or waived the requirement of your written authorization.

**To avert a serious threat to health or safety.** We may use and share your health information when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Military and veterans.** If you are a member of the armed forces, we may share your health information as required by military command authorities. We may also release information about foreign military personnel to the appropriate military authority.

**National security and intelligence activities.** We may share your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others.** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Correctional institutions.** If you are or become an inmate of a correctional institution, we may share your health information with the institution or its agents necessary for your health and the health and safety of others.

**De-identified information.** We may use or share your health information if it is altered in a way that it does not and cannot be used to identify you.

**Notifications.** We may use or share your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location and general condition.

**Required by law.** We will use or share your health information when we are required to by law.

**Workers' compensation.** We may share your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

For more information, go to [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-3704. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-543-3704。

## Acknowledgement Of Welcome Packet Information

I confirm that I have received the Meijer Pharmacy Specialty Medication Welcome Packet, which includes Contact Information, Complaint Information and Patient Rights and Responsibilities.

Patient Name:  Phone:   
Address:   
Guardian/Parent Name (if applicable):  Relationship to Patient:   
Signature  Date:

## Receipt Of Meijer Pharmacy Notice Of Privacy Practices

I acknowledge that I have received a copy of the Meijer Pharmacy Notice of Privacy Practices dated effective 1/1/18. I understand that my signature only represents my receipt of this Notice.

Patient Name (First, Middle Initial, Last):   
Guardian/Parent Name (if applicable):  Relationship to Patient:   
Signature  Date:

Please confirm that you have received the Welcome Packet and Notice of Privacy Practices by signing and returning this form in the enclosed postage paid envelope. Completed forms should be mailed to:

**Meijer Specialty Pharmacy: 2929 Walker Ave NW, Grand Rapids, MI 49544.**