



## Welcome to CTCA/Rx<sup>®</sup> Oncology Pharmacy

Dear Patient,

Welcome to CTCA/Rx and our Patient Management Program. We are excited about the opportunity to serve you for all your pharmacy needs. We specialize in caring for U.S patients diagnosed with cancer.

The pharmacy staff at CTCA/Rx understands that your medical condition is complicated. You may need help with your medical provider and/or insurance company. We are dedicated to giving you the personal service you need to help you achieve the most benefit from your therapy. This help includes:

- Access to trained pharmacy staff 24 hours a day, seven days a week
- Coordination of prior authorization with your insurance company
- Help following medical advice for your medication
- Free delivery
- Training, education and counseling
- Refill reminders
- Care planning
- Enrollment in our free Patient Management Program, designed to provide benefits such as managing side effects, understanding your medications and overall assistance to you regarding your medications every step of the way. This program is provided to you at no cost, and your participation is voluntary. You may opt out of our program at any time by contacting one of our pharmacy staff members.

We look forward to providing you with the best service possible. We thank you for choosing CTCA/Rx.

Sincerely,  
The CTCA/Rx Team



ATLANTA  
CHICAGO  
PHOENIX

Comprehensive Cancer Care Network



## LOCATION

CTCA/Rx  
610 Celebrate Life Parkway  
Newnan, GA 30265

## CONTACT

**Website:** [www.ctcarx.com](http://www.ctcarx.com)  
**Email:** [Ctcarx@ctca-hope.com](mailto:Ctcarx@ctca-hope.com)  
**Phone:** 833-570-4736

## HOURS

Monday- Friday 8:00AM- 6:00PM  
Saturday and Sunday: Closed



## Education & 24/7 Support

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

- Educational material (e.g. drug monograph) for the dispensed medication received.
- Pharmacists available to answer your questions in person Monday through Friday, 8:00 am to 6:00 pm
- Clinical on-call staff are available 24 hours per day, 7 days a week. Services are available by calling (833)570-4736.


*If you experience a medical emergency, please call 911 immediately.*



## 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.
- You want to check the status of your order, discuss an order delay or reschedule your delivery.
- You want to receive claims related information.

CTCA/Rx wants to make sure you have what you need to get the most out of your medication therapy. Please review this entire document and complete the form marked with  in the upper right-hand corner of Page 4.

A signature is required to acknowledge that you have received and read the Welcome Packet, the HIPAA privacy policy, patient bill of rights, CMS supplier standards, hours of operation, how to log a complaint, pharmacy contact information, understand that educational material (e.g. drug monograph) will be provided for dispensed medications, and agree to participate in your plan of care.

**Please sign the form on Page 4 and return it in the provided self-address stamped envelope to CTCA/Rx.**

You can also visit [www.cancercenter.com](http://www.cancercenter.com) for access to our privacy policy and supplier standards, as well as many other services.



## PLEASE COMPLETE FORM AND RETURN ENVELOPE PROVIDED. ACKNOWLEDGMENT OF RECEIPT OF CTCA/RX'S WELCOME PACKET.

Please confirm that you have received and read the attached CTCA/Rx Welcome Packet by signing and returning the enclosed postage paid envelope. Completed forms may be mailed, emailed, or faxed to:

**CTCA/Rx**  
610 Celebrate Life Parkway  
Newnan, GA 30265

**CONTACT**  
**Phone:** 833-570-4736  
**Fax:** 678-552-2014  
**Email:** Ctcарx@ctca-hope.com

I acknowledge I have received and read the Welcome Packet which includes the HIPAA privacy policy, patient bill of rights, CMS supplier standards, hours of operation, how to log a complaint, pharmacy contact information, understand that educational material (e.g. drug monograph) will be provided for dispensed medications, and agree to participate in my plan of care. I have read it carefully and sent it back as requested.

X _____	
Signature of Patient or Personal Representative	
X _____	
Patient Name (Print)	
X _____	
Personal Representative Name (Print) If Applicable	
_____	_____
Zip Code	Date

Please note that information sent through email may not be secure. Although it is unlikely, there is a possibility that information you include in an unsecured email can be captured and read by other parties other than the intended recipient. When emailing this form, do not include any personal identifying information such as your birth date, financial information like credit card number or insurance information, or any personal medical information.

Thank you for choosing CTCA/Rx to service all of your pharmacy needs.

## Patient Management Program

- Pharmacy patients are automatically enrolled in our therapy-specific Patient Management Program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use.
- The patient management program provides benefits such as managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan determined by you, your doctor and pharmacist.
- The success of the program depends on your willingness to report issues and answer the pharmacist questions honestly and accurately. Without your active participation, the benefits of this program are limited.
- The program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to pharmacy staff member.

## 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'll 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'll notify you if we're an out-of-network pharmacy and will provide you with the cash price of the medication upon request.
- Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We'll 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.
- You will be contacted by our pharmacy staff five to seven days prior to your refill date. If you'd like to contact us for a refill, you can call us and speak to pharmacy staff member to process your refill request.

## Drug substitution

- To save on your copay, our pharmacy will substitute generic medication when available for brand name if approved by you and your provider.

## Proper disposal of sharps

- We ask that patients place all needles, syringes, and other sharp objects into a red sharps container. Upon request, we can provide you a sharps container if you're prescribed an injectable medication.
- Check with your local waste collection service for instructions on how to properly dispose of sharps containers.
- You can also visit this website for more information:
  - <https://safeneedledisposal.org>

## Proper disposal of unused medications

- Don't 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 these websites for additional information:
  - <https://www.fda.gov/consumers/consumerupdates/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

- In the event of an emergency or disaster in your area, please contact the pharmacy to inform us where to deliver your medication.
- If the pharmacy may be impacted by an emergency or disaster, you'll be contacted to discuss possible transfer of your medications 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'll 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.
- Please notify pharmacy within 72 hours if an order is received without a drug monograph or other written information.
- You may contact the pharmacy by phone, writing, and/or via website if you have questions, concerns, or complaints that require assistance. Complaints will be forwarded to management and you'll receive a response within five business days.
- 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.

### CTCA/Rx

610 Celebrate Life Parkway  
Newnan, GA 30265

Phone: 833-570-4736

Email: [Ctcarx@ctca-hope.com](mailto:Ctcarx@ctca-hope.com)

- If you wish to seek further review of your concern, you may contact:
  - ♦ ACHC
    - Website: <https://www.achc.org/complaint-policy-process.html>
    - Telephone: (855) 937-2242 or 919-785-1214 (request the Complaints Department.)

- ♦ URAC
  - Website: <https://www.urac.org/file-a-grievance>
  - Email: [grievances@urac.org](mailto:grievances@urac.org)
- ♦ Georgia State Board of Pharmacy
  - Website: <https://gbp.georgia.gov>
  - Telephone: 404-651-8000
  - Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the online complaint form or call the phone number above to have one mailed to you

## Prescription Transfers

- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We'll inform you of this transfer of care.
- Please call us if you'd like to receive your medications from another pharmacy. We'll assist you in transferring your prescription to the appropriate pharmacy of your choice.



## **AS A CTCA/Rx PATIENT, YOU HAVE THE RIGHT TO:**

1. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information;
2. Choose a health care provider, including a CTCA/Rx provider, in accordance with state regulations in your state of residence;
3. Be treated with respect, consideration, and recognition of patient dignity and individuality;
4. Receive appropriate service/care without discrimination in accordance with prescriber orders;
5. Be informed of our service, care or insurance contracting limitations (as they affect you specifically);
6. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal;
7. Be informed, verbally and/or in writing, in advance of medication being provided, of the expected charges, including payment for service/care expected from third parties and any charges for which the patient will be responsible;
8. Become a member of our CTCA/Rx Patient Management (PM) Program and receive information about the program inclusive of the philosophy and characteristics of the PM Program as well as changes in, or termination of, the patient management program.
9. Discuss issues related to your medication(s) or related services with a pharmacist or CTCA/Rx technician;
10. Be fully informed in advance about medication(s) and related services to be supplied in order to be able to provide informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services;
11. Identify the Stakeholder working with you through the Patient Management Program and to speak with a supervisor of the Stakeholder, if requested;
12. Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain;
13. Decline participation, revoke consent or dis-enroll at any point in time in the Patient Management Program

14. Informed consent and refusal of service/care or treatment after the consequences of refusing treatment
15. Request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans;
16. Instructions on handling drug recall procedures;
17. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated;
18. Access support from consumer advocates;
19. CTCA/Rx health and safety information to include consumers rights and responsibilities;

## **The patients have the following responsibilities:**

- a. To submit any forms that are necessary to participate in the Patient Management Program as required by law;
- b. To give accurate clinical and contact information, and to notify the relevant Stakeholder of changes in this information;
- c. To notify treating provider of participation in the CTCA/Rx Patient Management program, if applicable;
- d. The right to speak to a health professional
- e. If you have questions, concerns or issues that require assistance, please contact CTCA/Rx. Complaints will be forwarded to management and you'll receive a response within 10 business days.

Concerns/grievances may also be reported to ACHC (855) 937-2242 as well as your State Board of Pharmacy and/or Department of Health and Human Services.

Allergy and immunology	<a href="https://www.aaaafoundation.org">https://www.aaaafoundation.org</a>
Crohn's disease	<a href="http://www.crohnonline.com">http://www.crohnonline.com</a> <a href="http://www.crohnsforum.com">http://www.crohnsforum.com</a>
Cystic fibrosis	<a href="https://www.cff.org/">https://www.cff.org/</a>
Growth hormone deficiency	<a href="http://www.hgfound.org">http://www.hgfound.org</a>
Hepatitis	<a href="http://www.liverfoundation.org">http://www.liverfoundation.org</a> <a href="http://www.hepatitis-central.com">http://www.hepatitis-central.com</a> <a href="http://www.hepb.org/resources/printable_information.htm">http://www.hepb.org/resources/printable_information.htm</a>
HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv">https://www.cdc.gov/hiv</a>
IBD	<a href="https://www.crohnscolitisfoundation.org">https://www.crohnscolitisfoundation.org</a>
Infertility	<a href="https://resolve.org">https://resolve.org</a>
Lipid disorders	<a href="https://www.lipid.org/foundations">https://www.lipid.org/foundations</a>
Multiple myeloma	<a href="https://themmr.org/multiple-myeloma/what-is-multiple-myeloma">https://themmr.org/multiple-myeloma/what-is-multiple-myeloma</a>
Multiple sclerosis	<a href="http://www.mymsaa.org">http://www.mymsaa.org</a> <a href="http://www.msfocus.org">http://www.msfocus.org</a> <a href="http://www.nationalmssociety.org">http://www.nationalmssociety.org</a>
Neuro-oncology	<a href="https://www.soc-neuro-onc.org">https://www.soc-neuro-onc.org</a> <a href="https://www.nccn.org/patients/guidelines/cancers.aspx">https://www.nccn.org/patients/guidelines/cancers.aspx</a>
Oncology/hematology	<a href="https://www.nccn.org/patients/guidelines/cancers.aspx">https://www.nccn.org/patients/guidelines/cancers.aspx</a> <a href="https://www.cancer.org">https://www.cancer.org</a> <a href="https://www.livestrong.org/we-can-help">https://www.livestrong.org/we-can-help</a>
Psoriasis	<a href="http://www.psoriasis.org">http://www.psoriasis.org</a>
Pulmonary hypertension	<a href="https://phassociation.org/patients/aboutph">https://phassociation.org/patients/aboutph</a>
Rheumatoid arthritis	<a href="https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis">https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis</a> <a href="http://www.rheumatoidarthritis.com">http://www.rheumatoidarthritis.com</a> <a href="http://www.arthritis.org">http://www.arthritis.org</a>
Solid organ transplant	<a href="https://transplantliving.org">https://transplantliving.org</a>
Stem cell transplant	<a href="https://www.asbmt.org/patient-education/external-resources">https://www.asbmt.org/patient-education/external-resources</a>



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

1. The pharmacy will call you three to five days before an anticipated local weather emergency utilizing the weather updates as point of reference.
  - a. If you're not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy three to five days before the occurrence to discuss your medication needs.

2. The pharmacy will send your medication via courier or Common Carrier 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're unable to reach the pharmacy and may run out of your medication.

## 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 handwashing

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

### How to use hand sanitizer

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

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's 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 three-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/>

Below is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

Suppliers may download the abbreviated or the full version of the supplier standards by selecting the appropriate attached document.

If suppliers have any questions regarding these standards, please contact the National Supplier Clearinghouse.

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state health care programs or from any other federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental equipment. \*
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both

the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.

11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR 424.57 (c) (11).
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

\*Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).

## Patient Notice of Privacy Practices

**EFFECTIVE DATE:** September 23, 2013

**REVISED:** November 14, 2018

**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.**

## Who We Are

This Notice describes the privacy practices of the Cancer Treatment Centers for America Organized Health Care Arrangement, which consists of medical centers, physician practices, outpatient clinics, and pharmacies (collectively, the “Facilities”) and our respective physicians, nurses, naturopathic practitioners, nutritionists, pharmacists and other personnel (collectively for purposes of this Notice, “we” or “us”). You may access a list of Facilities that participate in the Cancer Treatment Centers of America Organized Health Care Arrangement at <https://www.cancercenter.com/ohca> or by requesting a copy at any our Facilities. As an Organized Health Care Arrangement, our Facilities cooperate with one another

to provide an organized system of care. This Notice applies to the services we furnish to you and the activities we perform as an Organized Health Care Arrangement.

## Our Privacy Obligations

We are committed to protecting information about you regarding your health and related health care services (“protected health information” or “PHI”). We create a record of the care and services you receive at our Facilities for use in your care and treatment. This Notice tells you about the ways in which we may use or disclose your protected health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your protected health information.

We are required by law to:

- Maintain the privacy of your protected health information;
- Give you this Notice describing our legal duties and privacy practices with respect to your protected health information;
- Comply with the terms of this Notice, or, if this Notice is later revised, a future notice then in effect; and
- Notify you in the event of a breach of unsecured protected health information.

Generally, when this Notice uses the words “you” or “your,” it is referring to the patient who is the subject of PHI. However, when this Notice discusses rights regarding PHI, including rights to access or authorize the disclosure of PHI, “you” and “your” may refer to a patient’s parent(s), legal guardian or other personal representative.

## How We May Use or Disclose Your Protected Health Information

The following categories describe different ways in which we may use or disclose your PHI without your written authorization. The examples provided under the categories below are not intended to be comprehensive, but instead, to identify the most common types of uses and disclosures of PHI that do not require prior authorization from you. If you are receiving care from a Facility located in a state that does not permit the use or disclosure of PHI for the purposes listed below, or other purposes, without your prior consent, we will ask you to sign a general release, consent, or other authorization as is required by state law so that we may use or disclose your PHI for such purposes.

**For Treatment.** We may use or disclose your PHI to provide treatment and other services to you (for example, to diagnose and treat your injury or illness). We may also disclose PHI to other providers involved in your treatment, or to



people outside of the Facilities who may be involved in your continuing health or medical care after you are no longer receiving treatment at the Facilities, such as other health care providers, transportation companies, community agencies, and family members. We may also use your PHI to contact you so that we can remind you that you have an appointment with a provider or for other permitted purposes related to your health or medical care.

**For Payment.** We may use or disclose your PHI to bill and obtain payment for services that we provide to you, such as disclosures to file a claim on your behalf and obtain payment from a third party payor, such as Medicare, Medicaid, an employer group health plan, or another health insurer, health plan or program that arranges for or pays the cost of some or all of your health care. We may also tell your health plan or other payor about a proposed treatment to determine whether your payor will cover the cost of treatment.

**For Health Care Operations.** We may use or disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to our patients. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may use your PHI to contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you or to let you know about other benefits and services that we provide. We may disclose PHI to our patient relations team to help make sure the care you receive is of the highest quality. We may also disclose your PHI to other Facilities within our Organized Health Care Arrangement to assist them to carry out certain health care operations activities. For example, we may disclose PHI to other Facilities so that they may use it to improve the care they provide to other patients receiving care at those Facilities.

**Business Associates.** We may contract with certain outside persons or organizations to perform certain services on our behalf, such as billing and transcription services. At times, it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates and any of their subcontractors to appropriately safeguard the privacy of your information.

**Health Information Exchange Activities.** We may participate with one or more secure health information organization networks (each, an "HIO"), which makes it possible for us to share your PHI electronically through a secure connected network. We may share or disclose your PHI to these HIOs. Physicians, hospitals and other health care providers that are connected to the same HIO network as the Facilities can access your PHI for treatment, payment and other authorized

purposes, to the extent permitted by law. You may have the right to "opt-out" or decline to participate in networked HIOs. The Facilities will provide you with additional information about the HIOs that they participate in, including information about your right to opt-out of the HIO, as applicable. If you choose to opt-out of data sharing through HIOs, we will no longer share your PHI through an HIO network.

**Inclusion in Facility Directory and Disclosures to Individuals Involved in Your Care.** We may include your name, general health condition (e.g., fair, stable, etc.) and religious affiliation in a patient directory. Except for religious affiliation, which may be given to members of the clergy only, the information in the directory may be released so that your family, friends, and others who ask for you by name, can visit you in the hospital and generally know how you are doing, unless you restrict or prohibit the use or disclosure of this information. We may tell your family, other relative, a close personal friend or any other person identified by you about your general condition and that you are in the hospital, unless you request that we do not provide this information or are unable to authorize the release of such information and we determine it is in your best interests to do so. Upon request of a family member, we may provide information regarding your release, transfer, serious illness, injury or death, unless you request that this information not be provided.

**Disaster Relief Organizations.** We may disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location and general condition, unless you request that this information not be provided.

**Fundraising Activities.** We may contact you to provide information about our sponsored activities, including fundraising programs and events. We may only use limited information, such as your name, address, phone number and the dates you received treatment or services at our Facilities, to send you fundraising communications. Please contact our Privacy Office if you do not wish to receive fundraising communications; subsequently, if you wish to opt back in to receiving such communications, you will need to notify the Privacy Office in writing. Your written authorization is required before we use additional information, such as the department where you were seen or the name of your physician, for fundraising purposes.

**Research.** We may use or disclose PHI about our patients for research purposes, subject to the confidentiality provisions of state and federal law. Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization or approval to contact you from an institutional review board. When approved by an institutional review board, we may perform other studies using your PHI without your authorization.



**Limited Data Set.** We may create a “limited data set” (i.e., a limited amount of medical information from which almost all identifying information such as your name, address, Social Security number and medical record number have been removed) and share it with those who have signed a contract promising to use it only for research, public health, or healthcare operations purposes and to protect its confidentiality.

**As Required by Law.** We will disclose your PHI when required and/or authorized to do so by federal or state law.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Public Health Activities.** We may disclose your PHI for public health purposes, which generally include the following: (1) for the purpose of preventing or controlling disease (e.g., cancer or tuberculosis), injury, or disability; (2) to report child abuse or neglect; (3) to report adverse events or surveillance related to food, medications or defects or problems with products; (4) to alert persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report findings to your employer concerning a work-related illness or injury or workplace related medical surveillance; (6) to help device manufacturers notify you of recalls, repairs or replacements of products you may be using; (7) to report vital events such as births and deaths; and (8) to notify the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose your PHI to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

**Lawsuits and Other Legal Actions.** In connection with lawsuits or other legal proceedings, we may disclose your PHI in response to a court or administrative order, or in response to a subpoena, warrant, summons or other lawful process.

**Law Enforcement.** We may release health information to law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner as authorized by law.

**Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**National Security and Intelligence Activities.** We may use or disclose your PHI to units of the government with special

functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

**De-Identification.** We may de-identify your PHI and tissue samples and use such de-identified health information and de-identified tissue samples for research, analysis, or other purposes, to the extent permitted by law.

## Uses or Disclosures Requiring Your Written Authorization

For any purpose other than described in the categories above, we will ask you to provide your written authorization before using or disclosing your PHI. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. Your revocation will be effective except to the extent that we have already acted in reliance upon your authorization. We will obtain your written authorization prior to using or disclosing your PHI for the following purposes:

**Marketing.** We may ask you to sign an authorization to use or disclose your PHI to send you any marketing materials. The authorization will state if we received any direct or indirect compensation for such marketing. Your authorization is not needed for face-to-face communications we make to you, for promotional gifts of nominal value, or for communications about prescriptions that are prescribed to you. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your authorization.

**Sale of PHI.** We may ask you to sign an authorization to sell your PHI.

**Psychotherapy Notes.** In the event we maintain psychotherapy notes relating to your treatment, we will obtain your written authorization prior to disclosing such information, except as permitted or required by law.

## Your Rights Regarding Your Protected Health Information

You have several rights related to your Protected Health Information. You may obtain the forms needed to exercise the following rights by contacting the Privacy Office using the contact information below:

**Right to Request Restrictions.** You have a right to request restrictions or limitations on our use or disclosure of your PHI. If you wish to request such restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. While we will consider all requests for additional restrictions carefully, we are not required to agree to all requested restrictions; provided, however, that we must agree to a request to restrict disclosures of PHI to your health plan for payment or health care operations purposes if you have paid us out-of-pocket for the item or service that is the subject of the PHI. If we do agree to a restriction, we will inform you of our agreement in writing and we will comply

with your request, unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have a right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable written requests. You must specify how or where you wish to be contacted (alternative means of communication or at alternative locations).

**Right to Inspect and Copy Your Health Information.** You have a right to access and inspect your medical and billing records maintained by us and to request copies of the records in either paper or electronic form. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office or HIM. We may charge you a reasonable cost-based fee for our labor, supplies, and postage costs if you request that we mail the copies to you.

**Right to Amend Your Records.** If you believe that the medical information that we have about you is incorrect or incomplete, you have the right to request that we amend PHI maintained in your medical record or billing records, or add an addendum (addition to the record). If you desire to amend your records, you will need to complete and submit a form for requesting amendments, which is available from HIM or the Privacy Office. We will comply with your request unless we believe that the current information (i) is accurate and complete, (ii) was not created by our healthcare team, (iii) is not part of the information kept at our Facilities, or (iv) other special circumstances apply. Even if we accept your request, we are not required to delete any information from your medical record.

**Right to Receive an Accounting of Disclosures.** You have the right to receive a list of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide this list of disclosures to you once during any 12-month period without charge. We may charge a reasonable, cost-based fee for each subsequent request for an accounting during the same 12-month period.

**Right to Receive Paper Copy of this Notice.** Upon request, you have a right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

**Right to Change Terms; Questions or Complaints; Contact:**

**Right to Change Terms of this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas in our Facilities and on our website. You also may obtain any new notice by contacting the Privacy Office.

**Questions or Complaints.** If you have any questions about this Notice, please contact the Privacy Office at the number listed below. If you believe your privacy rights have been violated, you may file a complaint with the Facilities or with the US Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a complaint with the Facilities, please contact the Privacy Office. We will not retaliate or take action against you for filing a complaint.

**Privacy Office**

You may contact the Privacy Office at:

Privacy Office

**800-234-7139**