



THE CARING  
TREE PROGRAM

**2018**

**WELCOME PACKET**

## WELCOME TO LIFE TREE SPECIALTY PHARMACY

Welcome to Life Tree Pharmacy, where it is our mission to provide the most accurate, timely, and professional pharmacy care, while focusing on the patient and supporting their needs with integrity, dedication and compassion. We have a comprehensive infrastructure with the ability to provide the personal attention of a family pharmacy.

We are a patient-oriented pharmacy bringing personalized 24/7 customer support to people with complex medical conditions. Our pharmacists are specially trained to provide patients with an outstanding pharmacy experience. We provide you with resources such as:

- ✓ Access to clinically-trained pharmacists 24 hours a day, 7 days a week
- ✓ Assistance with verifying insurance benefits and understanding your copay responsibilities.
- ✓ Obtaining additional financial assistance when available
- ✓ Monthly refill reminders
- ✓ A customized plan through The Caring Tree, our patient management program.
- ✓ Confidential packaging and convenient delivery

### CONTACT US

**EMAIL:** [lifetreepharm@lifetreeltc.com](mailto:lifetreepharm@lifetreeltc.com)  
**PHONE:** (610) 489-6623  
**TOLL FREE PHONE:** (855) 345-3275  
**FAX:** (610) 489-6645  
**WEBSITE:** [www.lifetreecares.com](http://www.lifetreecares.com)  
**ADDRESS:** 5 Blue Heron Drive, Collegeville, PA 19426

### HOURS

MONDAY-FRIDAY 8am-8pm  
SATURDAY 8am-2pm  
SUNDAY 8am-12pm

A LICENSED PHARMACIST IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.  
FOR **AFTER-HOURS CARE**, PLEASE CALL (610) 489-6623.

Thank you for choosing Life Tree Specialty Pharmacy.

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Required Information needed for enrollment in The Caring Tree program is identified by **Highlight** and found on pages 13, 14 & 18

## WHAT IS A SPECIALTY PHARMACY?

A specialty pharmacy provides medications to treat complex medical conditions and other resources for the patient. These medications are often expensive, require patient education and are not available through most local pharmacies. A specialty pharmacy has clinically-trained pharmacists who can educate you about storage conditions, handling and how best to take your medications. The staff at Life Tree Specialty Pharmacy will provide you with a plan of care to help you manage your prescriptions.

### Frequently Used Insurance Terms

All prescription insurance companies have different kinds of plans. To help you understand your benefits, here are some common terms and their meanings:

**Refill-too-soon:** You are trying to refill a prescription sooner than your insurance company approves. Most insurance companies allow you to refill a prescription once a certain amount of your medication is used. This is based off the anticipated amount of days your supply should last. If your dose has increased or you are going on vacation, please contact the pharmacy immediately at (610) 489-6623.

**Quantity Limits:** Your provider has written for a certain amount of medication, but it is more than your insurance will cover. This can be limited to tablets per day or by how many months of medication you can receive at a time. Pharmacy staff will explain this and work with you to answer any questions or concerns.

**Step Therapy:** Your insurance plan wants you to try other less expensive medicines, or “steps”, before they will pay for the prescribed medication.

**Prior Authorization:** The medication being prescribed is not covered by your plan without supporting information such as medications tried and failed. Life Tree Specialty Pharmacy will work with your provider’s office to get this authorization, and we will keep you updated throughout the process.

**Copayment:** Depending on your insurance plan it is either a fixed or variable payment for a covered service made each time you receive this service. An example of such a service is filling a prescription.

### New Prescriptions

To qualify for our program, you need to have a prescription for a specialty medication. This prescription may be given to us by your provider, through a transfer from an outside pharmacy or, you can bring in a paper prescription. After we get your prescription, we will work with your insurance company to determine the timeline for processing (managing prior authorizations, step therapy, etc.), co-pays and any out-of-pocket expenses. We will contact you to discuss insurance requirements, shipping options, prescription costs, provide drug information, and answer any questions you may have.

### **Substitutions/Equivalents:**

Unless otherwise indicated, all prescriptions will be filled with an FDA-approved generic when available.

Pennsylvania law permits pharmacists to substitute a less expensive generically equivalent drug from a Brand name drug unless you or your physician direct otherwise.

From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution

### **Shipping Information**

Your refrigerated medications will be shipped overnight at no charge via FedEx. All non-refrigerated medications are shipped via USPS or FedEx. Tracking numbers are available upon request.

Should there be a delay in filling of your prescription, we will notify you to try and prevent interruptions in therapy. If our pharmacy is unable to provide your medication, we will help you get your medication from another pharmacy

If your order is delayed due to events such as weather, poor drug availability or insurance coverage changes, we will contact you to ensure that you have no interruptions in therapy

Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible. ***Please contact us at (610) 489-6623 within one business day to report missing or damaged contents.***

### **Refills**

Our pharmacists will contact you monthly to schedule refills. Should you have a therapy change or need an early refill, please contact the pharmacy at (610) 489-6623 and ask to speak to a Specialty Pharmacy employee.

### **Limitations**

We will need your help so that we can help you. You must be willing to actively participate in our program for access to the health care benefits provided by our specialty pharmacy team. This includes responding to our outreach calls, and providing updates about your health. You need to be willing to take your medication on time and as instructed in order for it to work properly. Consultations with a pharmacist do not replace appointments with your provider.

## **Education**

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

- ✓ Pharmacists available to answer your questions in person Monday through Friday, 8:00 am to 8:00 pm
- ✓ 24/7 pharmacist for emergent needs, available by calling (610) 489-6623.

## **Emergency Information**

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

If you experience suicidal thoughts, please contact the National Suicide Prevention Lifeline at (800) 273-8255. They offer free and confidential emotional support 24 hours a day, 7 days a week.

If you or a loved one require support for drug abuse or addiction, please contact the National Substance Abuse and Mental Health Services Administration at (800) 662-4357 and they will refer you to local treatment facility, support group, or community-based organization.

If you are experiencing a non-emergent drug reaction please call our specialty pharmacist at (610) 489-6623. They are available 24/7 to address your concerns and report them to your prescriber if necessary.

In the event of a natural disaster or other emergency that might require you to leave your home, take at least one week's worth of medication with you and inform the pharmacy of your location and contact information. Should a natural disaster impact shipping to your area (i.e., a blizzard, ice storm, hurricane), the pharmacy will contact you to ship medication early or will order your medication locally to avoid disruptions in therapy. If you think you will be impacted by a natural disaster, contact the pharmacy at (610) 489-6623 to discuss your prescription needs.

In the event of a drug recall you will receive a call from a pharmacist to discuss a quick and safe resolution.



Whether you're in crisis or are just looking help for a friend or family member, there are dozens of organizations available to help you deal with a variety of immediate concerns, from crisis situations and domestic violence, to rape and substance abuse. Most of these hotlines are available 24 hours a day, and can help you with whatever level of assistance you need — from general information about the topic, to helping you find an immediate intervention.

• If you're suicidal, we recommend contacting the National Suicide Prevention Lifeline toll-free at 800-273-8255 • If you need help for Domestic Violence call toll-free 800-799-7233 (SAFE)

<b>Adolescent Crisis Intervention &amp; Counseling Ninline</b>	800-999-9999	<b>Merakey Employee Assistance Program through Aetna Resources for Living</b>	866-252-4468 <a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> (see intranet for username/pw)
<b>Adolescent Suicide Hotline</b>	800-621-4000	<b>Missing &amp; Exploited Children Hotline</b>	800-543-5678
<b>AIDS National Hotline</b>	800-342-AIDS (800-342-2437)	<b>MS National Multiple Sclerosis Society</b>	<a href="http://www.nationalmssociety.org">www.nationalmssociety.org</a>
<b>AIDS United</b>	<a href="http://www.aidsunited.org">www.aidsunited.org</a>	<b>Narcotics Anonymous</b>	818-773-9999 x 771
<b>AIDS/HIV Care</b>	<a href="http://www.care.org/getinvolved/advocacy">www.care.org/getinvolved/advocacy</a>	<b>National Alliance on Mental Illness (NAMI)</b>	800-950-NAMI (6264)
<b>American Association for Cancer Research</b>	<a href="http://www.aacr.org">www.aacr.org</a>	<b>Organ Transplant</b>	<a href="https://www.aakp.org/">https://www.aakp.org/</a>
<b>American Red Cross</b>	<a href="http://www.redcross.org">www.redcross.org</a>		<a href="http://lungtransplantfoundation.org/">http://lungtransplantfoundation.org/</a>
<b>Cancer Treatment Centers of America</b>	<a href="http://www.cancercenter.com">www.cancercenter.com</a>		<a href="http://www.liverfoundation.org/">http://www.liverfoundation.org/</a>
<b>CHADD-Children &amp; Adults with Attention Deficit/Hyperactivity Disorder</b>	800-233-4050		<a href="http://www.heart.org/HEARTORG/">http://www.heart.org/HEARTORG/</a>
<b>Child Abuse Hotline</b>	800-4-A-CHILD		<a href="http://www.americantransplantfoundation.org/">http://www.americantransplantfoundation.org/</a>
<b>Cocaine Help Line</b>	800-COCAINE (800-262-2463)	<b>Panic Disorder Information Hotline</b>	800-64-PANIC
<b>Diabetes Juvenile Diabetes Research Foundation International</b>	<a href="http://www.jdrf.org">www.jdrf.org</a>	<b>Poison Control Centers</b>	800-222-1222
<b>Domestic Violence Hotline</b>	800-799-SAFE (800-799-7233)	<b>Post Abortion Trauma</b>	800-593-2273
<b>Domestic Violence Hotline/Child Abuse</b>	800-4-A-CHILD (800-422-4453)	<b>Project Inform HIV/AIDS Treatment Hotline</b>	800-822-7422
<b>Drug &amp; Alcohol Treatment Hotline</b>	800-662-HELP	<b>Rape (People Against Rape)</b>	800-877-7252
<b>Eating Disorders Center</b>	888-236-1188	<b>Rape, Abuse, Incest, National Network (RAINN)</b>	800-656-HOPE (1-800-656-4673)
<b>Ecstasy Addiction</b>	800-468-6933	<b>Runaway Hotline</b>	800-621-4000
<b>Family Violence Prevention Center</b>	800-313-1310	<b>Self-Injury (Information only) (NOT a crisis line. Info and referrals only)</b>	800-DONT CUT (1-800-366-8288)
<b>Gay &amp; Lesbian National Hotline</b>	888-THE-GLNH (888-843-4564)	<b>Sexual Abuse – Stop It Now!</b>	888-PREVENT
<b>Gay &amp; Lesbian Trevor HelpLine Suicide Prevention</b>	800-850-8078	<b>Sexual Assault Hotline</b>	800-656-4673
<b>Healing Woman Foundation (Abuse)</b>	800-477-4111	<b>STD Hotline</b>	800-227-8922
<b>Health and Human Services</b>	<a href="http://www.hss.gov">www.hss.gov</a> or dial 211 for social services	<b>Substance Abuse and Mental Health Services Administration SAMHSA</b>	800-662-HELP (800-662-4357)
<b>Help Finding A Therapist</b>	800-THERAPIST (800-843-7274)	<b>Suicide &amp; Crisis Hotline</b>	800-999-9999
<b>Incest Awareness Foundation</b>	888-547-3222	<b>Suicide Prevention – The Trevor HelpLine (Specializing in gay and lesbian youth suicide prevention)</b>	800-850-8078
<b>Learning Disabilities – (National Center For)</b>	888-575-7373	<b>Suicide Prevention Lifeline</b>	800-273-TALK
<b>MEDICAID</b>	<a href="http://www.medicaid.gov/">www.medicaid.gov/</a>	<b>Teen Helpline</b>	800-400-0900
<b>MEDICARE</b>	<a href="http://www.medicare.gov/">www.medicare.gov/</a>	<b>Victim Center</b>	800-FYI-CALL (1-800-394-2255)
<b>MedWatch: The FDA Safety Information and Adverse Event Reporting Program</b>	<a href="https://www.fda.gov/safety/medwatch/">https://www.fda.gov/safety/medwatch/</a>	<b>Youth Crisis Hotline</b>	800-HIT-HOME

## Proper Disposal of unused Medications:

For instructions on how to properly dispose of unused medications please contact the Pharmacy for instructions or go to the below websites for information and instructions

- ✓ [FDA: Where and How to Dispose of Unused Medicines](#) or
- ✓ [Rx Drug Drop Box](#) - Find Location
- ✓ Call us to help facilitate disposal if needed.



## Where and How to Dispose of Unused Medicines

**Disposing medicines in household trash:** Almost all medicines can be thrown into your household trash. These include prescription and over-the-counter (OTC) drugs in pills, liquids, drops, patches, creams, and inhalers. Follow these steps:

1. Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
2. Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
3. Throw the container in the garbage.
4. Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.

If you have a question about your medicine, ask your health care provider or pharmacist (610) 489-6623.



## **HIV PATIENT EDUCATION SHEET**

### **What is HIV?**

HIV (human immunodeficiency virus) is a virus that affects the body's immune system and lessens its ability to fight infection. Medications can control the virus and keep the immune system strong and healthy for many years.

HIV is spread from blood or bodily fluids (such as semen, vaginal fluids and breast milk). For example, if a person has unprotected sex or shares needles with a person who has HIV, they can contact the virus.

### **How to prevent HIV?**

To reduce your risk of infection practice safe sex practices: use condoms and limit your number of sexual partners.

Do not share drug needles or syringes with others.

### **What is AIDS?**

AIDS (acquired immunodeficiency syndrome) is the final stage of HIV infection when the immune system is at its weakest.

### **What is antiretroviral therapy?**

Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines or an HIV regimen daily.

ART is recommended for everyone who has HIV. HIV can't be cured but ART can help people live longer, healthier lives.

### **How do HIV medicines work?**

HIV attacks and destroys the infection-fighting CD4 cells of the immune system. Loss of CD4 cells makes it hard for the body to fight off infections and certain HIV-related cancers.

HIV medications prevent HIV from multiplying, which reduces the amount of HIV in the body. Having less HIV gives the immune system a chance to recover. Even though there is still some HIV in the body, the immune system is strong enough to fight off infections and certain HIV-related cancers.

By reducing the amount of HIV in the body, HIV medicines also reduce the risk of HIV transmission.

### **What HIV medications are included in an HIV regimen?**

There are many HIV medications available for HIV regimens. The HIV medications are grouped into seven drug classes according to how they fight HIV. A person's initial HIV regimen usually includes three HIV medications from at least two different HIV drug classes.

Selection of an HIV regimen depends on several factors, including possible side effects of HIV medications and potential drug interactions. There are several HIV regimens to choose from because the needs of individuals vary.

### **What are the risks of taking HIV medicines?**

Potential risks of ART include side effects from medications and drug interactions. Many HIV medications interact with other medications a person may be taking. Poor adherence (not taking HIV medications every day and exactly as prescribed) increases the risk of drug resistance and treatment failure.

### **Side effects**

Side effects from HIV medicines can vary depending on the medication. People taking the same medication can have very different side effects. Some side effects, like headaches or occasional dizziness, may not be serious. Other side effects, such as swelling of the throat and tongue or liver damage, can be life-threatening.

### **Drug interactions**

HIV medications can interact with each other and they can also interact with other medications, vitamins, nutritional supplements, and herbal products. A drug interaction can reduce or increase a medication's effect on the body or cause unwanted side effects.

### **Drug resistance**

HIV multiplies, mutates (changes form), and makes variations of itself. This can lead to drug-resistant strains of HIV. Poor adherence to an HIV regimen increases the risk of drug resistance and treatment failure.

**If there are any questions about anything in this information sheet please contact your local doctor or Life Tree Pharmacy at (610) 489-6623.**

This fact sheet is based on information from the following sources:

- From the Department of Health and Human Services: [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV](#)
- From the Department of Veterans Affairs: [Treatment Decisions for HIV](#)
- From the National Institute of Allergy and Infectious Diseases: [HIV/AIDS Treatment](#)
- From the website <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/51/hiv-treatment--the-basics>
- Facts and Comparisons

## **PATIENT RIGHTS AND RESPONSIBILITIES**

- 1. The right to know about the philosophy and characteristics of the patient management program, 1**
- 2. The right to have personal health information shared with the patient management program (aka The Caring Tree program) only in accordance with state and federal law, 2**
- 3. The right to identify the program staff members, including job title, and to speak with a supervisor of the staff member if requested, 3**
- 4. The right to speak to a health professional, 4**
- 5. The right to receive information about the patient management program, 5**
- 6. The right to receive administrative information regarding changes in or termination of the patient management program, 6**
- 7. The right to decline participation, revoke consent or disenroll at any point in time, 7**
- 8. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law, 8**
- 9. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information,9 and**
- 10. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.10**

If you have questions, concerns or issues that require assistance, please call (610) 489-6623.  
Complaints will be forwarded to management and you will receive a response within 5 business days.

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<sup>1</sup> URAC PM 12(a)

<sup>2</sup> URAC PM 12(b)

<sup>3</sup> URAC PM 12(c)

<sup>4</sup> URAC PM 12(d)

<sup>5</sup> URAC PM 12(e)

<sup>6</sup> URAC PM 12(f)

<sup>7</sup> URAC PM 12(g)

<sup>8</sup> URAC PM 12(h)

<sup>9</sup> URAC PM 12(i)

<sup>10</sup> URAC PM 12(j)

### **Privacy Notice Regarding Use and Disclosure of Treatment Information**

THIS PRIVACY NOTICE DESCRIBES HOW YOUR TREATMENT INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS TREATMENT INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE SIGNING ANY DOCUMENTS.**

#### **1. Purpose of this Notice:**

In general, any information that concerns your treatment, payment for treatment or related operations is considered confidential and is protected as confidential by Life Tree Pharmacy. This Privacy Notice describes Life Tree's Privacy Practices, specifically-the uses and disclosure Life Tree Pharmacy may make of your treatment information and what rights you have with respect to your treatment information. Treatment information includes, but is not limited to, your name; address; other personal identifying data; health status; and record of treatment services that have been, are being, and will be provided to you in the future. Life Tree Pharmacy requires that all programs, employees, staff and any party in a working or business relationship with Life Tree Pharmacy comply with Life Tree Pharmacy's Privacy Practices.

#### **2. Use and Disclosure of Medical information for Treatment, Payment and Health Care Operations**

Laws governing treatment programs and procedures conducted by Life Tree Pharmacy allow Life Tree to use and disclose your personal information for the purposes of treatment, payment and health care operations.

**Treatment** means the provision, coordination or management of health care related, pharmaceuticals, and therapeutic services provided completely or in part by Life Tree Pharmacy. Life Tree Pharmacy can share your treatment information and records with another provider involved in your health care for the benefit of your coordinated care. Also, Life Tree Pharmacy may contact you by phone or other means to remind you of a refill, new prescription needed or address a specific aspect of your care.

**Payment** refers to reimbursement to Life Tree Pharmacy by your healthcare insurer for services and medications that may have been provided to you. In order to process payment, your healthcare insurer may require that Life Tree Pharmacy provide treatment information to confirm your eligibility for services provided, to coordinate benefits with other payers who may be responsible for reimbursement for the services, and as part of the payers claims management procedures which covers billings, collections, appeals, medical necessity review activities, utilization review activities, or for disclosure to consumer reporting agencies.

**Health Care Operations** covers a range of internal operations performed by Life Tree Pharmacy or its Business Associates to manage information, data and services on behalf of Life Tree Pharmacy and the individuals Life Tree Pharmacy serves. These operations include, but are not limited to, quality assessment and improvement activities including research; peer review; credentialing and licensing; training programs; legal and financial services; business planning and development; implementing and monitoring Life Tree Pharmacy's compliance and privacy practices; customer services; internal grievances; and other purposes including research; fundraising, marketing and due diligence activities.

#### **3. Consent and Authorization**

Life Tree Pharmacy must obtain your written consent prior to initiating treatment, payment or health care operations on your behalf. You will be required to read and give your consent in writing before any treatment services are begun. This consent will remain in effect until completion of your treatment services with Life Tree Pharmacy. However, you have the right to revoke your consent, in writing, at any time during the course of treatment services except to the extent that Life Tree Pharmacy has taken action in reliance on the consent.

A written Authorization is required for the use and disclosure of all or part of your treatment information requested by a third party for purposes other than general treatment, payment or health care operations. The Authorization will be time restricted and contain a prohibition against the use of the information for any purpose other than the purpose stated on the Authorization and against re-release of the information for any purpose.

#### **4. The Use and Disclosure of Treatment Information when your Consent or Authorization are not required.**

Under the following circumstances, Life Tree Pharmacy is permitted by law to use or disclose your treatment information with further Consent or Authorization:

- a. To those caregivers actively engaged in your treatment at Life Tree Pharmacy or to providers who are actively coordinating with Life Tree Pharmacy in your care or treatment plan;
- b. To insurers and those third-party payors or co-payers whom you have identified to Life Tree Pharmacy as being responsible for payment for your treatment services and who require information to verify that services were provided (information to be released hereunder is limited to the staff names, the dates, types and costs of therapies or services, and a short description of the general purpose of each treatment session or service);

- c. To reviewers and inspectors, including the Utilization Review Accreditation Committee or similar agencies and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services;
- d. In response to a Court Order when Production of Documents is properly ordered by law;
- e. In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death (only that specific information minimum and necessary to the relief of the emergency may be released on a non-consensual basis);
- f. To attorneys assigned to represent the subject of a commitment hearing.

Treatment information made available shall be limited to that information which is minimum and necessary to purpose for which the information is sought. Treatment information may not be released to additional parties or entities or used for additional purposes without your consent.

#### **5. Authorization for Other Uses and Disclosures of Treatment Information**

Life Tree Pharmacy is prohibited, by law, from using or disclosing your treatment information without a written authorization for any purpose other than those purposes listed above. For purposes other than those listed above, Life Tree Pharmacy must obtain a signed Authorization and disclose only that treatment information which is minimum and necessary to the specific purpose requested.

An Authorization serves as written permission that specifically identifies the information being sought for use or disclose and clearly states the purpose for which the use or disclosure is being requested. Further, you may revoke your information at any time except: (1) to the extent that treatment information has been used or disclosed in reliance on your Authorization or (2) your Authorization was obtained as a condition of obtaining insurance coverage.

Please note that Life Tree Pharmacy cannot guarantee that once your treatment information has been released to the third party named in an authorization, that the third party will abide by rules stated in Life Tree Pharmacy's Privacy Notice.

#### **6. Individual Rights with respect to Treatment Information:**

An individual of appropriate age and legal capacity, who understands the nature of the treatment information and the purpose for which treatment information may be used or disclosed, shall control access to his or her personal treatment information.

- a. **Access** refers to physical examination of treatment information, but do not include physical possession of the information. A person who has received or is receiving treatment may request access to treatment information including records, but shall be denied such access to all or part of the treatment information if:
  - i. Upon documentation by the team treatment leader it is determined that granting such access will constitute a substantial detriment to the treatment process; and/or
  - ii. When disclosure of specific treatment information will reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.
  - iii. The limitation on access to treatment information are applicable to parents, guardians, and other who may otherwise have the right to control access over treatment records, except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered.
- b. **Restrictions** on the use and disclosure of your treatment information for treatment, payment, and operational purposes may be requested by you. Life Tree Pharmacy shall be bound by all reasonable and appropriate requests for such restrictions which it agrees in writing, except in emergency circumstances. Life Tree Pharmacy reserves the right to request the withdraw of certain restrictions at any time during your treatment. However, Life Tree Pharmacy is not bound to accept your requested restrictions if the treatment team does not believe that it reasonable can or should comply with the requested restrictions. Life Tree Pharmacy reserves the right to its treatment teams to exercise such discretion and give a written refusal in response to your request for restrictions.

Please address any written requests for restriction to the Medical Records Department at Life Tree Pharmacy.

- c. **Confidential Communications** may be requested by you about how Life Tree Pharmacy communicates information regarding your treatment, health care services, and payment for services, and payment for services. For example, you may request that all communication be directed to your home and not to you at work. Also, as a part of Life Tree Pharmacy quality improvement practices, Life Tree Pharmacy may call to remind you about a refill, new prescription needed or follow up by phone after services have been provided to confirm the service and quality of service provided. On such phone calls, Life Tree Pharmacy may appear on your "Caller ID" service. You may request the Life Tree Pharmacy call you on a phone which will not identify Life Tree Pharmacy on your "Caller ID".

Such requests for confidential communication must be made in writing. Life Tree Pharmacy will do its best to reasonable accommodate such requests. Please address any requests for confidential communication to the Life Tree Pharmacy Compliance Officer.

- d. **Complaints** alleging inappropriate use or disclosure of your treatment information by Life Tree Pharmacy employees or agents may be directed to the Life Tree Pharmacy Manager.

***Life Tree Pharmacy has the non-delegable duty to maintain the privacy of your documented treatment information and to provide you with Notice of its legal obligations and Privacy Practices with respect to your treatment information.*** Life Tree Pharmacy must date and comply with the Privacy Notice currently in effect. Life Tree Pharmacy reserves the right to amend and/or update its Privacy Notice from time to time upon change of practices or revisions of laws. If its Privacy Notice is revised, copies of revised and dates Policy Notice shall be posted in the Life Tree Pharmacy service areas. Life Tree Pharmacy reserves the right to implement the changes prior to issuing the revised Privacy Notice.

By my signature or initials below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I verify that I have received and been given an opportunity to read the Life Tree Pharmacy Privacy Notice.

\_\_\_\_\_

Client Signature or Initials

\_\_\_\_\_

Witness

\_\_\_\_\_

Parent or Guardian Signature

Revised: 5/30/2018

## HIPAA RELEASE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Release of Information:

I authorize the release of information including diagnosis, records, examination rendered to me and claims information. The information may be released to:

- Spouse/Partner \_\_\_\_\_
- Children \_\_\_\_\_
- Other \_\_\_\_\_
- DO NOT RELEASE TO ANYONE

This release will remain in effect until terminated by me in writing.

### Messages:

Please call:

- my home  my cell  my work \_\_\_\_\_
- other \_\_\_\_\_

If unable to reach me:

- you may leave a detailed message
- leave a message asking me to return your call
- \_\_\_\_\_

Best time to reach me is \_\_\_\_\_

Signed: \_\_\_\_\_  
Client Signature or Initials

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## CONSUMER COMPLAINT FORM

Life Tree Specialty Pharmacy strives to provide you with the highest level of customer service. If you have a concern or issue about our products or services, we want to hear from you so that we can make things right and maintain your business. You may file a complaint with us by completing this form or please feel free to contact:

Life Tree Specialty Pharmacy – 5 Blue Heron Drive – Collegeville, PA 19426  
 (610) 489-6623 FAX: (610) 489-6645 [LifeTreePharm@LifetreeLTC.com](mailto:LifeTreePharm@LifetreeLTC.com)

### INFORMATION

Patient Name:	
Person Completing Form:	
Relationship to Patient (if applicable):	
Patient Address:	
Patient Preferred Contact Method (Telephone or Email):	

### EXPERIENCE

Date Occurred:	
Person(s) Involved:	
Describe the Complaint (be specific):	

*Thank you for taking the time to complete the Life Tree Pharmacy Consumer Complaint Form. All forms will be reviewed by management and further action will be taken to resolve noted issues.*



## LIFE TREE SPECIALTY PHARMACY: CONSUMER SATISFACTION

It is our desire to provide you with the best quality services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

My medications (or products) were delivered on time	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My medications (or products) were dispense and delivered accurately	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training and consultations were effective in educating me or my caregiver on my service/care and/or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Educational materials and instructions were adequate to educate me or my caregiver on the medication(s) (or products) provided.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The staff was courteous and helpful	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My financial responsibilities were explained to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I receive advice or help when needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided made a positive impact on the outcome of my care and/or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would recommend your service to my friends and family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided met my needs and expectations	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Comments:

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.

Please return the completed survey to **Life Tree Specialty Pharmacy** in the envelope provided.

## LIFE TREE SPECIALTY PHARMACY: OPT-OUT FORM

If you do **not** want to participate in this program, please complete this form and return it via mail for fax to:

Life Tree Specialty Pharmacy – The Caring Tree Program  
5 Blue Heron Drive  
Collegeville, PA 19426

Fax 610-489-6645

<b>Date:</b>	
<b>Print Name:</b>	
<b>Phone Number:</b>	
<b>Signature:</b> (Client Signature or Initials)	

## ACKNOWLEDGEMENT

Please confirm that you have received the Life Tree Specialty Pharmacy Welcome Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed or faxed to:

**LIFE TREE PHARMACY  
5 BLUE HERON DRIVE  
COLLEGEVILLE, PA 19426**

**OR FAX TO (610) 489-6645**

I have received your Welcome Packet, which includes: the HIPAA privacy policy, patient bill of rights, hours of operation, and contact information. I have read it carefully, and sent it back as requested.

Personal Information	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Date:</b>	
<b>Signature:</b> (Client Signature or Initials)	

[Click here to email form](#)