



SENIOR CARE  
Pharmacy

1402 S.RIDGE ROAD  
WICHITA, KS, 67209  
Phone: 316-945-7455  
Fax: 316-945-7457  
Contact: Steve Green

Dear patient/responsible party,

Effective immediately, each patient/responsible party will receive our Notice of Privacy Practices to review. After reviewing please sign and date the acknowledgement of receipt page and mail back to us in the self addressed stamped envelope provided as soon as possible. In order for us to coordinate your health care with your home/facility we, by law, need to have this form on file. We still need the form to be returned even if we do not supply your medications due to the fact that we provide nursing and medication forms for your facility. If you have any questions please call Steve Green.

Thank you for the opportunity to serve you,

Steve Green  
Operations Manager



# SENIOR CARE Pharmacy

## SENIOR CARE PHARMACY - RESIDENT & RESPONSIBILITY PARTY AGREEMENT

### RESIDENT INFORMATION:

RESIDENT LEGAL NAME:	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	FACILITY NAME:

### RESIDENT BILLING/ INSURANCE INFORMATION:

IS THE RESIDENT

 YES NO

INSURED?

IF YOU WISH TO SET AN UPPER LIMIT (IN DOLLARS, ACCRUED MONTHLY) TO THE AMOUNT BY WHICH THE RESIDENT'S ACCOUNT BALANCE WILL BE ALLOWED TO RISE BEFORE SENIOR CARE PHARMACY WILL CEASE FILLING MEDICATIONS, PLEASE INDICATE THAT LIMIT HERE: \$ \_\_\_\_\_

IF YOU WISH TO PAY BY CREDIT CARD, PLEASE INCLUDE THE FOLLOWING INFORMATION:

CARDHOLDERS NAME:	CARD NUMBER/EXPIRATION DATE
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**NOTE:** AS IS THE CASE WITH OTHER SENSITIVE INFORMATION, CREDIT CARD DATA WILL BE KEPT CONFIDENTIAL AND SECURE.

MEDICARE (PART B) ID:	MEDICAID ID:
NAME OF INSURER:	INSURER'S PHONE NUMBER:
BIN:	PCN:
POLICY ID:	RX GROUP ID:

IS THE ABOVE A PART D PLAN?

 YES NO

THE ABOVE INFORMATION CAN BE FOUND ON THE RESIDENTS INSURANCE CARD. IF YOU DO NOT YET HAVE ACCESS TO THE CARD, PLEASE SEND A COPY OF BOTH THE FRONT AND BACKSIDE OF THE CARD AS SOON AS IT BECOMES AVAILABLE. PLEASE BE AWARE THAT THE RESIDENT'S INSURER CANNOT BE BILLED SUCCESSFULLY IF THE PHARMACY DOES NOT RECEIVE THIS INFORMATION.

### RESPONSIBLE PARTY PERSONAL INFORMATION:

LEGAL NAME (RESPONSIBLY PARTY):	PHONE (DAYTIME):
ADDITIONAL INFO:	PHONE (EVENING):
ADDRESS:	

THIS IS AN AGREEMENT BETWEEN THE PHARMACY AND BOTH THE RESIDENT AND THE RESPONSIBLE PARTY FOR THE PROVISION OF PHARMACY SERVICES. I, THE RESIDENT OR THE RESPONSIBLE PARTY, UNDERSTAND THAT THE PHARMACY WILL FURNISH MEDICATIONS OR MEDICAL EQUIPMENT AS REQUESTED BY MY PHYSICIAN OR BY THE FACILITY DURING MY RESIDENCE THERE. MY SIGNATURE BELOW SIGNIFIES THAT I, OR RESPONSIBLE PARTY, WILL BE LIABLE FOR PAYMENT TO THE PHARMACY FOR THE REQUESTED ITEMS. I UNDERSTAND THAT DELINQUENCY IN PAYMENT MAY LEAD THE PHARMACY TO ENLIST A SEPARATE AGENCY FOR COLLECTION OF THE AMOUNT DUE.

RESPONSIBLE PARTY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## SENIOR CARE PHARMACY

1402 S. Ridge Rd  
Wichita, Ks 67209  
(316)945-7455  
(316)945-7457

Residents and/or their legal representative, have the right to choose their pharmacy. All prescribed and over-the-counter medications require an order from the Resident's physician or PCP. This service is a convenience to families offering delivery directly to facility.

### Medication Costs / Billing

In most cases, medications are billed to Resident's Medicare prescription plan or other insurance plans. Additional costs included co-pays and balances are billed by Senior Care Pharmacy directly to resident's legal and/or financial representative.

For questions about billing please call Senior Care Pharmacy at (316) 945-7455.

### Initial Choice:

\_\_\_\_\_ **YES:** I want to use Senior Care Pharmacy for medications for Resident.

\_\_\_\_\_ **NO/HOWEVER** I don't want to use Senior Care Pharmacy for medications for Resident, and will take responsibility to make arrangements to meet the medication needs of Resident. However, If my loved one needs or runs out of medications and I don't supply the facility with appropriate medications as prescribed, medications will be ordered from Senior Care Pharmacy as needed or until medication has been filled by other means. Senior Care Pharmacy is authorized to bill for these medications.

**RESIDENT:** \_\_\_\_\_

**RESPONSIBLE PARTY:** \_\_\_\_\_

**AUTHORIZED:** \_\_\_\_\_

**Notice of Privacy Practices**  
**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE July 23, 2009**

**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.**

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes the pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created. This pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The pharmacy reserves the right to change the pharmacy's privacy practices and this Notice.** Revisions to the Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

**HOW THE PHARMACY MAY USE AND DISCLOSE YOUR PHI**

The following is an accounting of the ways that the pharmacy is permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** The pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** The pharmacy may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the pharmacy workforce. The following is an accounting of additional ways in which the pharmacy is permitted or required to use or disclose PHI about you without your written authorization. All uses and disclosures will be to the minimum necessary amount of your PHI. Many of these uses and disclosures will never be made by the pharmacy; however, we are required by law to notify you of them as a health care provider.

**Uses and disclosures as required by law:** The pharmacy is required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** The pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

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**Uses and disclosure about victims of abuse, neglect or domestic violence:** The pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** The pharmacy may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures for judicial and administrative proceedings:** The pharmacy may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy.

**Disclosures for law enforcement purposes:** The pharmacy may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** The pharmacy may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** The pharmacy may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** The pharmacy may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the pharmacy will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures to avert a serious threat to health or safety:** The pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Uses and disclosures for specialized government functions:** The pharmacy may use or disclose PHI about you for specialized government functions including; military, national security and intelligence, protective services, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers' compensation:** The pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** The pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

**Disclosures to business associates:** The pharmacy may disclose PHI about you to the pharmacy's business associates for services that they may provide to or for the pharmacy to assist the pharmacy to provide quality healthcare. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

### **OTHER USES AND DISCLOSURES**

The pharmacy may contact you for the following purposes:

**Refill reminders:** The pharmacy may contact you to remind you of your prescription upon such time they are ready to be refilled.

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**Information about treatment alternatives:** The pharmacy may contact you to notify you of alternative treatments and/or products.

**Health related benefits or services:** The pharmacy may use your PHI to notify you of benefits and services the pharmacy provides.

**Fundraising:** If the pharmacy participates in a fundraising activity, the pharmacy may use demographic PHI to send you a fundraising packet, or the pharmacy may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

#### **FOR ALL OTHER USES AND DISCLOSURES**

The pharmacy will obtain a written authorization from you for all other uses and disclosures of PHI, and the pharmacy will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Steve Green to obtain a *Request for Restriction of Uses and Disclosures*.

#### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of the pharmacy's uses and disclosures of your PHI; however, the pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from the pharmacy and return the completed form to the pharmacy or return to Steve Green.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that the pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the pharmacy to have an accurate address and home phone number in case of emergencies. The pharmacy will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from the pharmacy and return the completed form to the pharmacy or return to Steve Green.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from the pharmacy and return the completed form to the pharmacy or return to Steve Green. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI the pharmacy maintains about you, if you feel that the PHI the pharmacy has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from the pharmacy and return the completed form to the pharmacy or return to Steve Green.

### **Notice of Privacy Practices**

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the pharmacy. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from the pharmacy and return the completed form to the pharmacy or return to the Steve Green. You should be aware; however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

**The right to receive additional copies of the Pharmacy's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a pharmacy workforce member and they will provide you with a copy.

### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

The pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the Notice in the pharmacy.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with the pharmacy, please contact Steve Green. If you wish to file a complaint with the Secretary, please write to:

The U.S. Department of Health and Human Services  
Office of the Inspector General  
200 Independence Ave, S.W.  
Washington, D.C. 20201

The pharmacy will not take any adverse action against you as a result of your filing of a complaint.

### **CONTACT INFORMATION**

If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact:

Senior Care Pharmacy  
Steve Green  
1402 S. Ridge Rd  
Wichita, KS 67209  
316-945-7455

**ACKNOWLEDGEMENT  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
SENIOR CARE PHARMACY**

Senior Care Pharmacy Is obligated by Federal Law to make a good faith effort to obtain your signature acknowledging that you received the Notice of Privacy Practices.

By signing below, I acknowledge that I have received the Notice of Privacy Practices from Senior Care Pharmacy.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however the acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- an emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_