



Welcome to **Vivo Health Pharmacy**

November 2017

Acknowledgment of Receipt

I have received a copy of Vivo Health Pharmacy's Notice of Privacy Practices.

_____ Patient/Agent/Relative/Guardian* (Signature)	_____ Date	_____ Print Name (and Relationship if Other Than Patient)
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Telephonic Interpreter's ID No.

OR

_____ Interpreter (Signature)	_____ Date	_____ Print Interpreter's Name and Relationship to Patient
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_____ Witness to Signature (Signature)	_____ Date	_____ Print Name
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Office Use Only

_____Patient or patient representative refused to sign/accept Notice of Privacy Practices

_____Patient unable to sign

_____ Signature	_____ Date
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**The signature of the patient must be obtained unless the patient is under the age of 18 or is incapable of signing.*

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Welcome to Vivo Health Pharmacy, and thank you for choosing us for your medication needs!

Vivo Health Pharmacy's mission is to be an ambulatory care pharmacy services leader, providing quality specialized pharmacy services that can be customized and integrated to form full delivery medical care systems across our facilities. Our vision is to continuously adapt and evolve with the changing health care landscape, ensuring that we have an impact on promoting and improving the health of our patients, employees, and the communities we serve.

Our mission is consistent with the overall mission of Northwell Health: to improve the health of our communities by providing the highest quality of care. Through core principles that include a dedication to service, excellence, compassion, innovation, and continuous improvement, we pledge to:

1. Provide pharmaceutical care that meets patient needs.
2. Provide pharmaceutical care that meets accepted ethical and professional practice standards.
3. Provide pharmaceutical care that meets legal requirements, both state and federal.
4. Improve the quality of pharmacy services through education, training, and research performed by pharmacy staff.
5. Provide pharmaceutical care that complies with requirements established by accrediting agencies such as URAC and the National Association of Boards of Pharmacy.
6. Provide pharmaceutical care that is cost effective and maintains fiduciary responsibility.
7. Provide services to all outpatients, discharges, and all Northwell Health employees.

Our aim is to always be professional and attentive to customer needs. Our pharmacy will treat you in a friendly, honest, and respectful manner. It is very important to us that you are satisfied with our service and products. If any issue arises from our service or products, we will promptly attempt to resolve your issue. This booklet is designed to inform you of Vivo Health Pharmacy policies and procedures. This information is available on our website at vivohealthpharmacy.com. Please take time to look through it and contact us with any questions.

Sincerely,

The Vivo Health Pharmacy Team

Locations, Hours of Operation, and Contact Information

Vivo Health Pharmacy at Center for Advanced Medicine

450 Lakeville Road
Lake Success, NY 11042
Phone: 516-734-7780
Fax: 516-734-7782
cfam@vivohealthpharmacy.com

Hours of Operation

Monday – Friday 8 a.m. – 6 p.m.
Saturday – Sunday Closed

Vivo Health Pharmacy at Long Island Jewish Medical Center

270-05 76th Avenue
New Hyde Park, NY 11040
Phone: 718-470-8486
Fax: 718-470-5508
lij@vivohealthpharmacy.com

Hours of Operation

Monday – Friday: 8 a.m. – 8 p.m.
Saturday 8 a.m. – 4 p.m.
Sunday Closed

Vivo Health Pharmacy at North Shore University Hospital

300 Community Drive
Manhasset, NY 11030
Phone: 516-562-8486
Fax: 516-562-8329
manhasset@vivohealthpharmacy.com

Hours of Operation

Monday – Friday 7 a.m. – 7 p.m.
Saturday – Sunday 8 a.m. – 4 p.m.

Vivo Health Specialty Pharmacy

410 Lakeville Road
New Hyde Park, NY 11042
Phone: 516-465-5250
Fax: 516-465-5256
specialty@vivohealthpharmacy.com

Hours of Operation

Monday – Friday 9 a.m. – 5 p.m.
Saturday – Sunday Closed

Vivo Health Pharmacy at Zucker Hillside Hospital

75-59 263rd Street
Glen Oaks, NY 11004
Phone: 516-470-5611
Fax: 718-470-5612
zucker@vivohealthpharmacy.com

Hours of Operation

Monday – Friday 9 a.m. – 7 p.m.
Saturday – Sunday Closed

Contact our Clinical Call Center after normal business hours:
1-844-411-VIVO (8486)

Concerns or complaints? Please contact our consumer advocacy representative:
advocacy@vivohealthpharmacy.com

Customer Eligibility

Vivo Health Pharmacy accepts valid physician's prescription orders submitted by ePrescribe, fax, telephone, or in person. For prescription refills, we recommend that you contact the pharmacy at least 3 days before the medication runs out. In most cases Vivo can provide same-day or next-day service; however, due to the procurement process for certain specialty medications, we recommend contacting the pharmacy as early as possible. Our company does not discriminate against customers on the basis of age, race, nationality, religion, sex, sexual orientation, diagnosis, disease state, or disability. If, for any reason, we cannot fulfill your physician's order (e.g., some limited-distribution drugs), we will provide suggestions for obtaining your medications by other means. If the prescription needs to go to another provider, we will electronically transmit the prescription to the appropriate location.

When obtaining prescription services at Vivo Health Pharmacy, you may be required to sign associated intake forms presented for proof of delivery, assignment of benefits, and financial liability. We also ask that you sign to acknowledge receipt of the following information and documents, provided at the time of initial services and included in this booklet:

- Customer Bill of Rights and Responsibilities
- Locations, Hours of Operation, and Contact Information
- How to Report a Concern or Complaint
- Customer Satisfaction Survey
- HIPAA Privacy Notice

Vivo Health Pharmacy provides information in English and may also be able to provide information in Spanish, Russian, Chinese, Korean, Arabic, Hindi, Urdu, or Gujrati. If you are unable to understand the information for any reason, we will communicate through family members or using health system resources. The staff at Vivo Health Pharmacy will show considerate and respectful care for your cultural background and religious beliefs. If you feel you have not been treated respectfully, please contact our consumer advocacy representative. We strive to provide the best care to all our patients.

If any customer visiting our pharmacy locations shows signs of distress or appears in need of emergency services, it is Vivo Health Pharmacy's policy to call 911.

While we hope you are happy with our services, we understand you may at times be required to use a different provider for your medications. If your insurance changes and we cannot accept your new insurance, we will transfer necessary information to your new pharmacy provider to ensure a smooth transition.

Customer Bill of Rights and Responsibilities

As a Vivo Health Pharmacy patient, you have certain rights and responsibilities.

Patients' Rights:

1. The right to considerate and respectful care.
2. The right to information about the patient management program.
3. The right to relevant, current, and understandable information concerning your medication therapy and treatment from pharmacists and other direct caregivers.
4. The right to information related to your specific drug therapy, including possible adverse side effects and drug interactions.
5. The right to information about the patient management program, before and during treatment, and the right to refuse a recommended treatment or care plan.
6. The right to competent counseling from the pharmacist, to help you understand your medications and use them correctly.
7. The right to the name and job title of all program staff members, and the right to speak with a staff member's supervisor.
8. The right to reasonable privacy of personal health information, which will be shared with the patient management program only in accordance with state and federal law.
9. The right to administrative information regarding changes in, or termination of, the patient management program.
10. The right to decline to participate, revoke consent, or cancel enrollment at any point in time.*

The collaborative nature of health care requires that patients, or their families, participate in their care. The effectiveness of patient care and patient satisfaction with the course of drug therapy will depend, in part, on the patient fulfilling certain responsibilities.

Patients' Responsibilities:

1. To submit all forms required of program participants.
2. To provide accurate clinical information (including current medications, medication history, and drug and food allergies) and to notify the patient management program of any changes.
3. To notify the provider treating you of your participation in the patient management program, if applicable.
4. To request clarification about the drugs you are taking if you do not fully understand the information and instructions you have been given.
5. To follow a medication regimen as instructed by your physician.
6. To notify your provider and pharmacist if you choose to end your medication therapy.
7. To notify your provider and pharmacist of changes in address or insurance information.
8. To accept any financial responsibility not covered by insurance.

**You can opt out of the patient management program by contacting the Vivo Health Pharmacy location that provides your patient management services or by sending an email to the customer advocacy service at advocacy@vivohealthpharmacy.com.*

About Us

At Vivo Health Pharmacy, we're exactly where you need us, when you need us.

It's our honor to be by your side in the journey to better health. Our pharmacies are here to provide a specialized level of care and convenience. Whether you need a question answered, a guiding hand in a time of need, or the expertise of a professional who works closely with your doctor, we're here for you.

Why Choose Vivo

Our locations are conveniently located in hospitals and treatment centers, giving you easy and instantaneous access to your medications. Being close to health care providers also ensures that we have the clearest possible understanding of our patients' conditions and the care they require.

While our pharmacies provide care for a wide variety of illnesses and conditions, each location has a specialty focus. This allows us to connect you with a pharmacist who is specifically knowledgeable about your condition and who is qualified to answer your questions, handle your prescriptions, and arrange the delivery of your medications. ***Our pharmacists are available 24 hours a day, seven days a week, so you're never without help.***

Payments

Vivo Health Pharmacy will bill your insurance company for the cost of your medication. You may have to pay for some of the costs, which is called a copayment. You are expected to make your copayment when you receive your medication. Using an out-of-network pharmacy typically results in a higher copay; in some cases, the service may not be covered at all. Vivo Health Pharmacy reports all out-of-network circumstances to the patient or authorized agent, obtaining their approval before services are rendered.

We will tell you — whether in person, over the telephone, or in writing — exactly how much your insurance company will pay and how much you will be expected to pay. If you do not understand these costs, you can call the pharmacy at any time during normal business hours. You can, at any time, ask for claims-related information in reference to your prescription.

Copay Assistance Referral Program

Vivo Health Pharmacy has a financial assistance program to help with copayments and ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, copayment vouchers, and assistance from disease management foundations and pharmaceutical companies.

Less Expensive Drugs and Drug Substitutions

Unless otherwise indicated by your provider, Vivo Health Pharmacy will give you the lower-cost, or generic, medication for your prescription, rather than the more expensive brand-name drug. Generic drugs may be given to you when you get new prescriptions or refills. If a different drug needs to be substituted (due to insurance formulary restrictions, drug availability, or adverse or allergic drug reactions), we will contact your provider for approval and counsel you on all changes made.

Drug Recall

Sometimes drugs are recalled by the manufacturer, often as a precaution. Vivo Health Pharmacy will contact you and your provider if medications you may be taking are recalled.

Adverse Drug Reactions

Call your provider, pharmacist, or 911 if you believe you are experiencing any adverse reactions to the medicine you are taking.

How to Access Medication in an Emergency

In the event of an emergency, please call the Vivo Health Pharmacy location that provides your pharmacy services. If you do not know your Vivo Health Pharmacy location, please call **844-411-8486 (VIVO)**.

A highly trained Vivo Health Pharmacist will always be available to accept your call during business hours. Outside business hours, callers have the option to transfer to our Clinical Call Center, which is staffed by registered nurses who have the resources necessary to evaluate and escalate all emergency and urgent situations. If there is any emergency, disaster, or delay at a Vivo Health Pharmacy location, our other locations will support to ensure there is no disruption in service.

If pharmacist intervention is required, a Vivo Health pharmacist is on call 24/7.

How to Check Your Order Status

To check the status of a prescription order, please call the Vivo Health Pharmacy location providing your services to speak to a member of our team or leave a message for a call back the next business day. Whenever we are aware of a delay in your drug order, a member of our team will reach out to you to provide details and the status of your order. If you do not receive a drug order in the expected time frame, please call the pharmacy to bring it to the attention of a Vivo Health Pharmacy team member. All pharmacy contact information is available online and below:

Vivo Health Pharmacy at Center for Advanced Medicine

450 Lakeville Road
Lake Success, NY 11042
Phone: 516-734-7780
Fax: 516-734-7782
cfam@vivohealthpharmacy.com

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Monday – Friday 8 a.m. – 6 p.m.
Saturday – Sunday Closed

Vivo Health Pharmacy at Long Island Jewish Medical Center

270-05 76th Avenue
New Hyde Park, NY 11040
Phone: 718-470-8486
Fax: 718-470-5508
lij@vivohealthpharmacy.com

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Fax: 718-470-5612
zucker@vivohealthpharmacy.com

Hours of Operation

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Saturday – Sunday Closed

How to Report a Concern or Complaint

We take your concerns very seriously and we strive to give you the best service possible. However, if we failed to do that or if you suspect we made an error, please follow this procedure:

1. Call or visit our pharmacy and make your concern or complaint known to the pharmacist.
2. The supervising pharmacist will attempt to resolve your grievance.
3. If a resolution cannot be agreed on, the grievance will be forwarded to the consumer advocate representative.
4. You are entitled to a written copy of the resolution upon request.

If you have any questions regarding this procedure, please ask for further explanation.

If you have any concerns or questions about your treatment, please contact the Vivo Heath Pharmacy consumer advocacy representative at **advocacy@vivohealthpharmacy.com**.

If you would like to file a complaint, please fill out the complaint form found in the appendix of this handbook.

How to Safely Dispose of Drugs

We encourage all households take unused or unwanted household drugs to a pharmaceutical collection where available. Please check with your town, county, or city about collection opportunities.

According to the Food and Drug Administration, if no specific disposal instructions are included with your drug packaging, it is fine to throw unused or expired drugs in your household trash. To guarantee safety, they have included a few additional tips:

1. Remove the medication from the original containers and mix with an undesirable substance such as used coffee grounds, dirt, or kitty litter. This makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs.
2. Place the mixture in a sealable bag, empty can, or other container to prevent the drug from leaking or breaking out of a garbage bag.
3. Scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
4. Do not give your medicine to friends. Doctors prescribe medicines based on your specific symptoms and medical history. Something that works for you could be dangerous for someone else.
5. When in doubt about proper disposal, ask your pharmacist.

Appendix

NOTICE OF PRIVACY PRACTICES

About the Notice of Privacy Practices

This notice explains how we fulfill our commitment to respect the privacy and confidentiality of your protected health information. It tells you about the ways we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information. The notice also tells you about your rights under federal and state laws. The notice applies to all records held by the Northwell facilities and programs listed at the end of this notice, regardless of whether the record is written, computerized, or in any other form. We are required by law to make sure the information that identifies you is kept private and to make this notice available to you. In this notice, the term “protected health information” refers to individually identifiable information about you, which may include:

- Information about your health condition (such as medical conditions and test results)
- Information about health care services you have received or may receive in the future (such as a surgical procedure)
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered)
- Geographic information (such as where you live or work)
- Demographic information (such as your race, gender, ethnicity, or marital status)
- Unique numbers that may identify you (such as your Social Security number, your phone number, or your driver’s license number)
- Biometric identifiers (such as fingerprints)
- Full-face photographs

Who Follows the Northwell Health Notice of Privacy Practices

This notice describes the practices of Northwell (collectively referred to as “we” or “us” in this notice). All health care professionals, employees, medical staff, trainees, students, volunteers, and business associates of the Northwell organizations specified at the end of this notice will adhere to the privacy practices described.

Overview

For your convenience, what follows is a summary of the key provisions in our notice. This summary is not a complete description of how we use and disclose your protected health information. If you have questions about any of the information in this summary, please read the full Notice of Privacy Practices or contact a Northwell staff member for more information.

Northwell may use and disclose your protected health information without your consent to:

- Provide you with medical treatment and other services.
- Carry out certain operations necessary to the operation of our facilities and programs, such as quality improvement studies, medical education, and verifying doctors’ qualifications.

- Coordinate your care, which may include giving you appointment reminders and telling you about other treatment options available through Northwell.
- Talk to family and friends involved in your care, unless you indicate otherwise.
- Ensure that we follow regulations regarding the quality of care we provide.
- Comply with all legal requirements, subpoenas, and court orders.
- Engage in certain preapproved research activities.
- Request payment from you, your insurance company, or some other third-party payer.
- Include in our hospital directory, such as providing your name and room number for the benefit of visitors.
- Contact you for fundraising activities, unless you indicate otherwise.
- Meet other needs as described in this notice, such as those concerning public health and safety.

You have the right to:

- See and obtain a copy of your medical record in the format of your choosing (with certain restrictions).
- Ask us to amend the protected health information we have about you, if you feel the information we have is wrong or incomplete.
- Ask us to restrict or limit the protected health information we use.
- Ask us to share information with you using only certain channels of communication.
- Obtain a list of individuals or entities that have received your protected health information from Northwell, as permitted by law.
- Be notified if your protected health information is improperly disclosed or accessed.
- Submit a complaint.

How We May Use and Share Your Protected Health Information With Others

The following categories describe different ways that we may use and disclose your protected health information. For each category of use or disclosures, we will explain what we mean and give some examples. While not every specific use or disclosure is listed, all of the ways we use and disclose your information will fall within the following general categories.

Treatment

We may use or disclose protected health information about you to provide, coordinate, or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, students, or other Northwell personnel involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes can slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may share protected health information about you with non-Northwell health providers, agencies, or facilities to provide or coordinate such things as prescriptions, lab work, and X-rays. We may also disclose your protected health information to those outside Northwell who are involved in your medical treatment after you leave our care, including other health providers, home health agencies, and transport companies.

Payment

In order to receive payment for the services we provide for you, we may use and share your protected health information with your insurance company or a third party, such as Medicare or Medicaid. We may also share your protected health care information with another doctor, facility, or service provider — such as an ambulance company or subcontractor — that has provided services to you so that they can bill you, your insurance, or a third party. For example, in order for your insurance company to pay for your health-related services at Northwell, we must submit a bill that identifies you, your diagnosis, and the treatment we will provide. We may also tell your insurance company about a proposed treatment to determine whether your plan will cover it. In addition, insurance companies and other third parties may require that we provide your Social Security number for verification and payment purposes.

Health Care Operations

We may use your protected health information to support our business activities and improve the quality of care. For example, we may use your protected health information to review the treatment and services that we gave you and to evaluate how well the staff cared for you. We may share your information with our students, trainees, and staff for review and learning purposes. Your protected health information may also be used or disclosed for accreditation purposes, to handle patients' grievances or lawsuits, and for health care contracting related to our operations.

Appointment Reminders

We may use and share your protected health information to remind you of your appointment for treatment or medical care. For example, if your doctor has scheduled you for a test, the testing location may call you to remind you of your testing appointment date.

Hospital Directory

If you are admitted to the hospital, your name, room location, general condition (such as "fair" or "stable"), and religious affiliations may be listed in the hospital's patient directory. This is so your family, friends, and clergy can visit you in the hospital and know how you are doing. Unless you object, we will include this limited information about you in the directory while you are a patient. Your room location and general condition will be released to people who ask for you by name. Your religious affiliation will be given only to a member of the clergy, such as a priest, minister, or rabbi, even if they do not ask for you by name. If you object to being included in the hospital directory, we will not disclose your information to anyone who asks for you unless required by law. If you do not want your information listed in the hospital directory, you must notify personnel during registration or tell your caregivers after you have been admitted to the hospital.

Business Associates

We may share your protected health information with business associates that we hire to help us, such as billing companies, information technology companies, or transcription services. Business associates will have assured us in writing that they will safeguard your protected health information as required by law.

Treatment Options and Other Health-Related Benefits and Services

We may use your information to contact you about treatment options and other health-related benefits and services provided by Northwell that may interest you. This may include information about our staff or about health-related products and services we offer that we think may be beneficial to you. However, we will not use your information to engage in marketing activities (other than face-to-face communications) without your written authorization. We also will never sell your protected health information to third parties without your written authorization. However, we may receive payment to disclose your protected health information for certain limited purposes permitted by law, such as public health reporting, treatment, or research.

Fundraising Activities

We may contact you to provide information about Northwell-sponsored activities, including fundraising programs and events. We may use your protected health information — such as the department where you were seen or in the name of the physician you saw — to contact you in asking for a charitable contribution to support research, teaching, or patient care at Northwell related to your specific treatment. If you do not want to be contacted about our fundraising opportunities and events, call 855-621-2844 to let us know. Please give us your name and address so that we may remove you from future fundraising campaigns.

Individuals Involved in Your Care or Payment for Your Care

Unless you direct us not to, we may release protected health information to people — such as family members or close personal friends — who are helping to care for you or helping to pay your medical bills. Additionally, we may disclose information to a patient representative with the lawful authority to make health care decisions for you. Parents and legal guardians are generally the patient representatives for minors, except when minors are permitted by law to act on their own behalf and make their own medical decisions under certain circumstances. If you do not want protected health information about you released to those involved in your care, please notify us.

Disaster Relief Efforts

We may disclose your protected health information to an organization, such as the American Red Cross, assisting in a disaster relief effort, so that your family can be notified about your condition, status, and location. If possible during an emergency response, we will first find out if you want us to share this information.

Research

Northwell conducts research both to prevent disease and to improve patient outcomes. All research projects conducted by Northwell must be approved through a special review process to protect patient safety, welfare, and confidentiality. Your protected health information may be important to research efforts and may be used for research purposes in accordance with state and federal law. Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization from a special review board called an institutional review board

(IRB). An IRB is a special committee that protects the rights and welfare of people who participate in research studies. Enrollment in most studies may occur only after you have been informed about the study, had the opportunity to ask questions, and indicated your willingness to participate by signing an authorization or consent form that has been reviewed and approved by an IRB. In some instances, federal law allows us to use your protected health information for research without your authorization, provided we get approval from an IRB or other special review board. These studies will not affect your treatment or welfare, and your protected health information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment. Federal law also allows researchers to look at your protected health information when preparing future research studies so long as any information identifying you stays at a Northwell facility. If you have any questions about how your medical information could be used in a research protocol, please call the Northwell Health System Office for Human Research Protections at 516-465-1910.

As Required by Law

We will share your protected health information when federal, state, or local law requires us to do so.

Legal Proceedings, Lawsuits, and Other Legal Actions

We may share your protected health information with courts, attorneys, and court employees when we get a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from those courts or public bodies; to defend ourselves against a lawsuit brought against us; and in the course of other lawful, judicial, or administrative proceedings.

Law Enforcement

If asked to do so by law enforcement, and as authorized or required by law, we may release protected health information to identify or locate a suspect, fugitive, material witness, or missing person. We may also release protected information about:

- The possible victim of a crime
- A death suspected to be the result of criminal conduct
- Criminal conduct at a Northwell Health facility

Serious Threats to Health or Safety

We may use and disclose your protected health information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be intended to stop or reduce the threat.

Public Health Risks

As required by law, we may disclose your protected health information to public health authorities for purposes related to:

- Preventing or controlling disease, injuries, or disability
- Reporting births and deaths

- Reporting child abuse or neglect
- Reporting domestic violence
- Reporting reactions to medications or problems with products
- Notifying people of recalls, repairs, or replacements of products they may be using
- Notifying a person who might have been exposed to a disease or may be a risk for contracting or spreading a disease
- Reporting to your employer findings concerning work-related illness or injury so that your workplace can be monitored for safety

Workers' Compensation

We may share your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Specialized Government Functions

If you are a member of the armed forces (of either the United States or a foreign country), we may share your protected health information with military authorities so they can carry out their duties under the law. We may disclose your protected health information if it relates to national security and intelligence activities; we may also disclose the information to provide protective services for the president or other important figures, such as foreign heads of state.

Health Oversight Activities

As authorized by law, we may disclose your protected health information to local, state, or federal governmental authorities responsible for the oversight of medical matters. This includes licensing, auditing, and accrediting agencies, as well as agencies that administer public health programs such as Medicare and Medicaid.

Coroners, Medical Examiners, and Funeral Directors

We may release your protected health information to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We also may release protected health information to funeral directors so they can carry out their duties.

Organ, Eye, and Tissue Donation

If you are an organ donor, we may release protected health information to an organ donation bank as necessary to facilitate organ, eye, or tissue donation and transplantation.

Inmates

If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law officer as authorized or required by law. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your protected health information, certain disclosures of your information may occur during or as an unavoidable result of permissible uses or disclosures of your information. For example, during the course of a treatment session, other patients in the treatment areas may see or overhear discussion of your information. These incidental disclosures are considered permissible.

Uses and Disclosures Requiring Your Written Authorization

Uses and Disclosures Not Covered in This Notice

Other uses and disclosures of your protected health information not described above or permitted by law will be made only with your written authorization. In addition, we will obtain your authorization for most uses and disclosures of psychotherapy notes. When consent for disclosure is required by law, your consent will be obtained prior to such disclosure. If you give us authorization to use or share protected health information about you, you may revoke the authorization in writing at any time. Please understand that we are unable to retract any disclosures already made with your authorization.

Stricter State Laws

New York has adopted medical privacy laws that are stricter than federal laws. For example, New York prohibits the disclosure of HIV-related information and records of licensed mental health facilities for certain purposes that are permitted by the federal Health Insurance Portability and Accountability Act, or HIPAA. We will follow these stricter state laws, and we will not disclose your protected health information for any purpose prohibited by these laws without your consent.

Customer Reporting and Resolution Process

We take your concerns seriously and strive to give you the best service possible. However, if we have failed to do that, please follow this procedure for reporting grievances:

1. Call or visit our pharmacy and make your grievance known to the pharmacist.
2. The supervising pharmacist will attempt to resolve your grievance.
3. If a resolution cannot be agreed upon, the grievance will be forwarded to the consumer advocate representative.
4. You are entitled to a written copy of the resolution upon request.

Your Rights Concerning Your Protected Health Information

Right to See and Obtain a Copy

You have the right to see and obtain a copy of the protected health information we used to make decisions about your care. This includes medical records (including laboratory test results) and billing records, but does not include psychotherapy notes. If the record is maintained electronically by Northwell Health, you have the right to obtain an electronic copy of the record. Your request

must be in writing and must be given to the Health Information Management Office. If you are requesting laboratory test results directly from your laboratory, your request must be in writing and must be given to the laboratory. We may charge you a reasonable fee for the costs of copying, mailing, or other expenses associated with complying with your request. We may deny access under certain limited circumstances. If we deny your request, we may provide a written summary of your record or limited portions of your record. If we deny your request, in whole or in part, you may request that the denial be reviewed. A description of the process for having a denial reviewed, as well as information on how to file a complaint with the U.S. Department of Health and Human Services, will be included in the correspondence informing you of our decision to deny your request.

Right to Ask for an Amendment or Addendum

If you feel that the protected health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for Northwell. You are required to submit this request in writing by completing a “Request for Amendment to Health Information” form. We may deny your request if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- We did not contribute, unless the person or entity that contributed the information is no longer available to make the amendment.
- You are not permitted to see or obtain a copy of.
- We determine to be accurate and complete.

If we deny your request, we will give you a written explanation of why we did not make the amendment. You will have the opportunity to have certain information related to your request included in your medical records, such as your disagreement with our decision. We will also provide you with information on how to file a complaint with Northwell or with the U.S. Department of Health and Human Services.

Right to Ask for an Accounting of Disclosures

You have the right to ask us for a listing of individuals or entities who have received your protected health information from Northwell in the six years prior to your request. This listing will not cover disclosures made:

- To you or your personal representative
- In providing or arranging for your care
- In carrying out treatment, payment, or health care operations
- As part of a permitted use or disclosure
- To parties you authorize to receive your protected health information
- To those who request your information through the hospital directory
- To your family members, relatives, or friends who are involved in your care
- To national security or intelligence services
- To correctional institutions or law enforcement officials
- As part of a limited data set for research purposes

You must submit your request in writing to the Office of Corporate Compliance at 200 Community Drive, Great Neck, NY 11021. Your request must state the time period for the requested disclosures. The first list requested within a 12-month period will be free. We may charge you for our response to any additional requests in that same period.

Right to Request Restrictions

You have the right to ask us to restrict or limit the protected health information we use or disclose about you for treatment, payment, or health care operations. In most cases, we must consider your request but are not required to agree to it. However, we must limit disclosures made to your health insurer or other third-party payer about services we provided to you if, before receiving the medical services, you pay for the services in full, unless the disclosure of that information is required by law. If Northwell provides you with multiple medical services at one time, you will have to pay for all of the services in order to restrict the disclosure of any one of them to your health insurance. If you require follow-up care related to the undisclosed service and you decide you do not want to pay for that follow-up care at the time it is provided to you, it may be necessary for us to tell your health insurer about the previously undisclosed service. This will be done only to the extent necessary to receive payment for subsequent medical treatment.

To restrict information provided to your health insurer or to another third-party payer, you must notify a Northwell staff member at the time of registration and fill out a form indicating this preference. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not disclose information to a family member about a surgery you had. Your request for any restriction must be made in writing and given to the Office of Corporate Compliance at 200 Community Drive, Great Neck, NY 11021.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a particular way or at a particular location. For example, you can ask that we contact you only at home, or only by mail. If you want us to communicate with you in a particular way, you will need to give us details about how to contact you, including a valid alternate address. You will also need to give us information about where to send your bills. To make your request, you must fill out Northwell's request form for confidential communications. As indicated on the form, this request must be sent to the Office of Corporate Compliance at 200 Community Drive, Great Neck, NY 11021.

You do not need to provide a reason for your request. We will comply with all reasonable requests. However, if we are unable to contact you using the requested means or location, we may contact you using whatever information we have.

Right to Receive Notice of a Breach

You have the right to be notified if the privacy of your protected health information held by Northwell or its business associates is breached. You will be notified as soon as possible, but no

later than 60 days following our discovery of the breach. The notice will provide you with the date we discovered the breach, a brief description of the type of information that was involved, and the steps we are taking to investigate and mitigate the situation, as well as a point of contact for asking questions and obtaining additional information.

Right to Receive a Paper Copy of This Notice

Upon request, you may at any time obtain a paper copy of this notice, even if you previously received this notice electronically. To request a copy, please contact the Office of Corporate Compliance at 516-465-8097, or ask the registrar or receptionist for one at the time of your next visit.

How to File a Privacy Complaint

If you believe that we have not respected your privacy rights as directed by federal regulations and state law or as explained in this notice, you may file a written complaint with us at the address, phone numbers, or website below:

Corporate Compliance Privacy Office
200 Community Drive
Great Neck, NY 11021
Telephone: 516-465-8097
Compliance Help Line: 800-894-3226
Web-Based Reporting: northwell.ethicspoint.com

You will not be retaliated against or denied any health services if you file a complaint. If you are not satisfied with our response to your privacy complaint, you may also file a complaint with the U.S. Department of Health and Human Services. The complaint must be in writing, must describe the subject of the complaint and the individuals or organizations that you believe violated your privacy, and must be filed within 180 days of when you realized the violation occurred. The complaint should be sent to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
The Hubert H. Humphrey Building
200 Independence Ave. SW
Room 509F
Washington, DC 20201

Future Changes to Northwell's Privacy Practices And This Notice

We reserve the right to change this notice and the privacy practices of the organizations covered by this notice without first notifying you. We reserve the right to make the revised or changed notice effective for protected health information we already have about you, as well as any information we receive in the future. At any time, you may request a copy of the notice currently in effect. To obtain an up-to-date copy of this notice, contact Northwell's Office of Corporate Compliance at 516-465-8097, or ask the registrar or receptionist at the time of your next visit. The up-to-date notice will also be posted to the Northwell website.

Vivo Health Customer Satisfaction Survey

Let us know how we're doing. Happy with your Vivo Health experience? Want to suggest improvements? Either way, we'd love to hear from you.

Your opinion is very important to us, as is your privacy. All responses to this survey are anonymous and confidential.

Thank you for your time and for being a Vivo Health Pharmacy customer!

1. At which Vivo Health Pharmacy location are you a patient or customer?
 - a. Vivo Health Pharmacy at North Shore University Hospital
 - b. Vivo Health Pharmacy at Long Island Jewish Medical Center
 - c. Vivo Health Pharmacy at Center for Advanced Medicine
 - d. Vivo Health Specialty Pharmacy at 410 Lakeville Road
 - e. Vivo Health Pharmacy at Zucker Hillside Hospital
 - f. I don't know.
2. How long have you been a patient at Vivo Health Pharmacy?
 - a. Less than 1 year
 - b. 1 year
 - c. 2-3 years
 - d. 4-5 years
 - e. More than 5 years
3. How many times have you contacted the pharmacy over the past three months?
 - a. Less than twice
 - b. 2-4 times
 - c. 5-6 times
 - d. 7-8 times
 - e. More than 8 times
4. Did you pick up your medications or were they delivered?
 - a. I picked them up, or they were picked up for me.
 - b. I had them delivered. (Skip Questions 5-6.)
5. Were the medications ready for pickup at the time you requested?
 - a. Yes.
 - b. No. If "No," did your pharmacist provide a reason for the lateness?
 1. Yes. If "Yes," what was the reason? _____
 2. No.

6. How promptly were you assisted when entering into the pharmacy?
- a. Extremely promptly
 - b. Promptly
 - c. Somewhat promptly
 - d. Not promptly
7. Were your medications dispensed accurately?
- a. Yes
 - b. No. If "No," please specify how it was inaccurate: _____

8. Did you receive printed or verbal information on medication usage, possible side effects, and relevant related information?
- a. Yes.
 - b. No.
 - c. I don't remember.
9. Were you asked if you would like to speak with the pharmacist?
- a. Yes.
 - b. No.
 - c. I don't remember.
10. If you received equipment, did the staff explain how to use it safely?
- a. Yes.
 - b. No.
 - c. I don't remember.
 - d. N/A
11. How knowledgeable was the Vivo Health Pharmacy staff?
- a. Extremely knowledgeable
 - b. Knowledgeable
 - c. Somewhat knowledgeable
 - d. Minimally knowledgeable
 - e. Not knowledgeable at all
12. Were the Vivo Health Pharmacy staff members courteous and helpful?
- a. Yes
 - b. No. If "No," please elaborate: _____

13. Overall, please rate your satisfaction with Vivo Health Pharmacy.

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat dissatisfied
- e. e. Very dissatisfied

14. Do you have any other comments, questions, or concerns? _____

15. Would you like to be contacted to discuss your experience?

- a. Yes.
- b. No. (Skip Questions 16-19.)

16. Name: _____

17. Email Address: _____

18. Phone Number: _____

19. How would you prefer to be contacted?

- a. Phone
- b. Email

Thank you for taking the time to complete this survey. Your responses help Vivo Health Pharmacy continuously improve.

*If you have any questions or concerns, or would like to comment further, please contact our consumer advocacy representative at **advocacy@vivohealthpharmacy.com**, or visit your Vivo Health Pharmacy location.*

Vivo Health Pharmacy Complaint Form

Customer Name: _____ Date: _____

Address: _____

Phone: _____ Email address: _____

Contact Preference: Phone _____ Email _____ Best time to contact you: _____

Complaint: _____

Company representative receiving complaint: _____ Date: _____

RESOLUTION ACTIONS: **Response required within three business days**

Manager name: _____ Date of written response or call: _____

Problems or questions reported by customer: _____

Were problems or questions resolved: ____ Yes ____ No Other: _____

If resolved, explain how: _____

If unresolved, explain next step : _____

Signature of person completing form: _____ Date: _____

☐ Complaint forwarded to director /administration Date: _____

Director/administrator's name: _____ Date received: _____

Date customer contact made: Written: _____ Phone: _____ In Person: _____

How was complaint resolved? _____

Director/administrator's signature: _____ Date: _____

Please email to our Vivo Health consumer advocacy representative at: **advocacy@vivohealthpharmacy.com**

Enrollee's Name: _____ (optional)

Drug and Prescription Number: _____ (optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an exception** if you believe:

- You need a drug that is not on your drug plan's list of covered drugs (the list of covered drugs is called a formulary);
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a nonpreferred drug and you want the plan to cover the drug at the preferred drug price.

What You Need to Do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24-hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or nonpreferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information.

Frequently Asked Questions

Why use Vivo Health Pharmacy?

Vivo Health Pharmacy is powered by Northwell Health, one of the nation's largest health care systems. This vast network of providers, facilities, and resources allows us to provide you with a personalized pharmaceutical experience that is second to none.

Need to fill a prescription? Have a question about your medicine? Our pharmacies are conveniently located in treatment centers, which means your doctor and pharmacist are partners in your care.

From concierge services to insurance assistance, we are always here to help.

What conditions are included in specialty pharmacy services?

Certain conditions require a bit more attention. Vivo Health Pharmacy is equipped to provide the necessary support to patients dealing with anemia, blood diseases, cancer, Crohn's disease, hepatitis C, HIV/AIDS, osteoarthritis, psoriasis, rheumatoid arthritis, transplants, and more.

What pharmacy services does Vivo Health provide?

We are proud to provide specialty and acute medication prescription services, including a range of complimentary services. These services include patient education, free delivery of prescriptions and medications, drug counseling, medication therapy management, patient assistance programs, medication adherence programs, vaccination, and management programs for specific conditions and diseases.

What pediatric specialty pharmacy services does Vivo Health provide?

We work closely with Cohen Children's Medical Center to manage the unique needs of child patients. From tracking down hard-to-find pediatric medications to offering free flavoring to help the medicine go down, we do our best to make sure our young patients are happy and healthy.

How can I obtain a refill?

Call the Vivo Health Pharmacy location that filled the original prescription. A team member will be happy to order a refill for the location of your choice.

Does Vivo Health accept Medicare patients?

We serve all patients with Medicare drug coverage. For more information on Medicare, please see the prescription drug coverage and rights form (CMS-10147) located in the appendix.

Does Vivo Health Pharmacy offer services to help with high-cost medications?

We understand the cost of medications associated with complex diseases can be overwhelming. We are committed to finding assistance programs — including any applicable copay cards, manufacturer programs, and third-party foundations — that provide extra support and coverage for our patients.

What makes a medication a “specialty” medication?

Specialty medications meet one or more of the following criteria:

- Treat complex, chronic, or life-threatening conditions.
- Derive from living organisms (are biologic).
- Require significant patient education, safety monitoring, and management.
- Require special storage, handling, or administration.
- Have limited or regulated distribution.
- Have a high cost per unit.

What will I receive with my specialty medication?

We provide a welcome packet to all patients receiving specialty medication services. The welcome packet guides patients through the process of managing their prescriptions and contains important information about our services, including policies, contact information, forms, and instructions.

Glossary

For many of our patients, understanding insurance and pharmacy jargon can be a challenge. This glossary was designed to help you make sense of some of the technical terms used by insurance providers and pharmacies.

Insurance

Adjudicate: The action of processing a claim through the insurance provider. The terms “process” or “run” are interchangeable with “adjudicate.”

Benefits investigation: A look into a patient's health plan to determine the extent to which medication is covered by insurance.

Coinsurance: The amount patients pay for medical care after meeting their deductible. The amount is usually given as a percentage; for example, if a patient's health plan covers 90 percent of expenses, the patient pays a coinsurance of 10 percent.

Copay: A flat fee paid every time a patient receives medical care or fills a prescription.

Detailed written order: A document required when billing to Medicare and Medicaid for medical equipment, including prosthetics, orthotics, and supplies. A detailed written order must be signed by the prescriber and sent to the supplier before submitting a claim to Medicare or Medicaid.

Deductible: The dollar amount patients must pay each year before their health plan begins covering health care costs.

Exclusions: Services not covered by a patient's insurance plan.

Fee for service: Traditional health insurance model in which both patients and their plan contribute to health care payments after yearly deductibles have been met. Usually, patients have their choice of physician, provider, or hospital.

Formulary: An official list of specific medications that are approved by a health plan.

Funding: Assistance for copayments or the full cost of a drug.

Health maintenance organization (HMO): Managed care organization requiring patients to receive treatment from participating providers. Patients must obtain a referral from their primary care physician before seeing a specialist.

Letter of medical necessity: A legal document that explains a physician's rationale for prescribing a specific therapy for a patient, including why a substitute treatment is inappropriate.

Lifetime maximum: The total dollar amount paid by a plan for coverage while the insured person is alive and covered.

Limited-distribution drug: Specialty medication only available through specialty pharmacies, designed to treat complex and chronic disease states.

Medicaid: A social health care program supported by the federal government that provides insurance for people of all ages whose income is insufficient to cover their medical needs. Specific eligibility and features vary from state to state.

Medicare: A social health care program supported by the federal government that provides insurance for individuals age 65 and older, certain younger people with disabilities, and people suffering from permanent kidney failure.

Medicare A: Inpatient care under Medicare — specifically the care a patient receives in the hospital, at a skilled nursing facility, or through home health care.

Medicare B: Outpatient care under Medicare — specifically physician services, durable medical equipment, certain outpatient drugs, mental health care, and clinical laboratory services.

Medicare D: A program that subsidizes the costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries. Also known as Medicare's prescription drug benefit.

Medigap: Extended health insurance purchased from private companies to cover costs not covered by Medicare, such as copays, deductibles, and out-of-country coverage. This does not include long-term care, dental insurance, or vision insurance.

Open enrollment: A set time period (usually at the end of the year) during which participants have the ability to enroll in or change their health insurance without a qualifying event (e.g., marriage, divorce, birth or adoption, or the death of a spouse).

Out-of-pocket maximum: The maximum amount that insured patients are required to pay for covered medical expenses during their benefit period. Once the out-of-pocket maximum has been met, patients do not pay further deductibles or coinsurance for the rest of that year.

Paid claim: A successfully billed request for payment that has been covered by insurance. There may be remaining copayments.

Payer: Any party (besides the patient) that finances or reimburses treatment or health care services costs, including sponsors (employers, unions), insurance carriers, or third-party payers.

Point-of-service plan: A managed care plan in which primary care physicians provide patient care, and which offers patients more choice of doctors and hospitals than an HMO.

Pre-existing condition: Any physical or mental condition the patient had when applying for a policy that may not be covered by insurance.

Preferred provider organization (PPO): Managed care organization that offers patients more choice of physicians and providers than an HMO. Patients can choose between participating and nonparticipating providers, but out-of-pocket expenses will be lower when using participating providers.

Premium: The amount paid to join a health care plan. If the insurance is employer-sponsored, the premium is usually deducted from the employee's salary.

Prior authorization: An insurance company's approval process — required for certain medications before a patient can receive them.

Rejection: A denial that outlines the reasons insurance will not cover medication. There are several reasons for a rejection, including the patient exceeding their plan limitations, filling their prescriptions too early, or not receiving a prior authorization.

Pharmacy

Adherence: Taking medication correctly, as prescribed by the patient's doctor.

Date of order: The date an order is written, which may differ from the start date of the medication cycle.

Dispense: To supply or deliver prescription medicine.

Injectable: Prescriptions that can be injected.

medPak: Clear plastic pouches that provide patients with a convenient way to organize and schedule medication.

Need-by date: The date a new round of medication must be supplied.

Oncology: The study and treatment of cancer.

Prescribing physician: The doctor that sets a patient's specific medication requirements.

Prescription: The medicine or intervention ordered by a doctor.

Side effect: Unwanted issues or illnesses that may occur during therapy. Some side effects can have the positive effect of indicating that a treatment is proceeding successfully.

Specialty pharmacy: Pharmacies that offer intensive therapies for complex disease states. All Vivo Health Pharmacy locations are specialty pharmacies dealing with serious health conditions and disease states including cancer, hepatitis C, HIV/AIDS, multiple sclerosis, transplant, rheumatoid arthritis, and more.

Start date: The designated first day of patient treatment.

Starter kit: The tools provided to patients to help counter possible side effects of their treatment. Starter kit items can include creams and over-the-counter pain relief medications. Medication manufacturers sometimes provide medication starter kits. In this instance, the starter kit provides patients with a specific drug and dosing regimen designed to help them through the first days of therapy.

Step therapy: A process that involves trying alternate — usually cheaper — medications before “stepping up” to drugs that cost more.