



# Welcome to **Vivo Health Pharmacy**

---

Welcome Packet

# We're here for **you.**

Every step.

Every question.

Every day.

# Acknowledgment of Receipt

I have received the following information and documents: Locations, Hours of Operations, and Contact Information; Customer Bill of Rights and Responsibilities; How To Report a Concern or Complaint; Notice of Privacy Practices; and Customer Satisfaction Survey.

\_\_\_\_\_

Patient/Agent/Relative/Guardian\* (Signature)

\_\_\_\_\_

Date/Time

\_\_\_\_\_

Print Name (and Relationship if Other Than Patient)

\_\_\_\_\_  
Telephonic Interpreter's ID No.

OR

\_\_\_\_\_

Interpreter (Signature)

\_\_\_\_\_

Date/Time

\_\_\_\_\_

Print Interpreter's Name and Relationship to Patient

\_\_\_\_\_

Witness to Signature (Signature)

\_\_\_\_\_

Date/Time

\_\_\_\_\_

Print Name

\_\_\_\_\_

## Office Use Only

\_\_\_\_\_ Patient or patient representative refused to sign/accept Notice of Privacy Practices

\_\_\_\_\_ Patient unable to sign

\_\_\_\_\_

Signature

\_\_\_\_\_

Date/Time

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

# Table of Contents

Locations, Hours of Operation, and Contact Information .....	2
Customer Eligibility .....	4
Customer Bill of Rights and Responsibilities .....	5
About Us .....	7
How To Access Medication in an Emergency .....	9
How To Check Your Order Status.....	10
How To Report a Concern or Complaint .....	10
Medication Storage .....	11
Hazardous Materials.....	11
How To Safely Dispose of Drugs.....	12
<b>APPENDIX .....</b>	<b>13</b>
Notice of Privacy Practices .....	14
Vivo Health Pharmacy Customer Satisfaction Survey .....	26
Vivo Health Pharmacy Complaint Form .....	29
Medicare Prescription Drug Coverage and Your Rights.....	30
Frequently Asked Questions .....	31
Glossary .....	33



# 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 provide pharmaceutical care that:

1. Meets patient needs.
2. Meets accepted ethical and professional practice standards.
3. Meets legal requirements, both state and federal.
4. Improves quality through education, training, and research performed by pharmacy staff.
5. Complies with requirements established by accrediting agencies such as Utilization Review Accreditation Commission (URAC), Accreditation Commission for Health Care (ACHC), and the National Association of Boards of Pharmacy (NABP).
6. Maintains fiduciary responsibility and is cost-effective.
7. Services all Northwell Health patients and 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](https://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 CFAM**

*ACHC- and URAC-Accredited Specialty Pharmacy*

450 Lakeville Road  
Lake Success, NY 11042  
Phone: (833) 920-8486  
Fax: (516) 734-7782  
[cfam@vivohealthpharmacy.com](mailto:cfam@vivohealthpharmacy.com)

### *Hours of Operation*

Mon – Fri: 8 a.m. – 6 p.m.  
Sat – Sun: Closed

## **Vivo Health Pharmacy at Home (Mail Order)**

225 Community Drive  
Suite 140  
Great Neck, NY 11021  
Phone: (833) 868-8486  
Fax: (516) 266-5332  
[vivo.mailorder@northwell.edu](mailto:vivo.mailorder@northwell.edu)

### *Hours of Operation*

Mon – Fri: 8 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## **Vivo Health Pharmacy at Lenox Hill**

*ACHC-Accredited Specialty Pharmacy*

100 East 77th Street  
New York, NY 10075  
Phone: (212) 434-4980  
Fax: (212) 434-4988  
[lenox@vivohealthpharmacy.com](mailto:lenox@vivohealthpharmacy.com)

### *Hours of Operation*

Mon – Fri: 8 a.m. – 8 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## **Vivo Health Pharmacy at LIJ**

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

### *Hours of Operation*

Mon – Fri: 8 a.m. – 8 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## **Vivo Health Pharmacy at Manhasset**

*URAC-Accredited Specialty Pharmacy*

300 Community Drive  
Manhasset, NY 11030  
Phone: (833) 674-8486  
Fax: (516) 562-8329  
[manhasset@vivohealthpharmacy.com](mailto:manhasset@vivohealthpharmacy.com)

### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat – Sun: 8 a.m. – 4 p.m.

## **Vivo Health Pharmacy at Phelps**

777 North Broadway  
Room 101  
Sleepy Hollow, NY 10591  
Phone: (914) 366-1400  
Fax: (914) 366-1408  
[phelps@vivohealthpharmacy.com](mailto:phelps@vivohealthpharmacy.com)

### *Hours of Operation*

Mon – Fri: 9 a.m. – 6 p.m.  
Sat – Sun: Closed

### Vivo Health Pharmacy at South Shore

301 East Main Street  
Bayshore, NY 11706  
Phone: (631) 894-5775  
Fax: (631) 894-5781  
[southside@vivohealthpharmacy.com](mailto:southside@vivohealthpharmacy.com)

#### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

### Vivo Health Pharmacy at Staten Island

*ACHC-Accredited Specialty Pharmacy*

475 Seaview Avenue  
Staten Island, NY 10305  
Phone: (718) 226-1914  
Fax: (718) 226-1688  
[siuh@vivohealthpharmacy.com](mailto:siuh@vivohealthpharmacy.com)

#### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: 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](mailto:zucker@vivohealthpharmacy.com)

#### *Hours of Operation*

Mon – Fri: 9 a.m. – 7 p.m.  
Sat – Sun: Closed

### Vivo Health Specialty Pharmacy

*ACHC- and URAC-Accredited  
Specialty Pharmacy*

225 Community Drive  
Suite 100  
Great Neck, NY 11021  
Phone: (844) 411-8486  
Fax: (516) 465-5256  
[specialty@vivohealthpharmacy.com](mailto:specialty@vivohealthpharmacy.com)

#### *Hours of Operation*

Mon – Fri: 9 a.m. – 5 p.m.  
Sat – Sun: Closed

Contact our clinical call center after normal business hours:

**(516) 719-5026**

Concerns or complaints? Please contact our consumer advocacy representative:

**[advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com)**

Patients receiving specialty medications may contact **Accreditation Commission for Health Care (ACHC)** at (855) 937-2242 or **Utilization Review Accreditation Commission (URAC)** at (202) 216-9010 to file a complaint.



# Customer Eligibility

Vivo Health Pharmacy accepts valid physician's prescription orders submitted electronically, by fax, by telephone, or in person. For prescription refills, we recommend that you contact the pharmacy at least three days before the medication runs out. In most cases, Vivo Health Pharmacy 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, national origin, religion, sex, sexual orientation, genetic information, pregnancy, retaliation, diagnosis, disease state, or disability.

We 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:

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

Vivo Health Pharmacy provides information in English and may also be able to provide information in Spanish, Russian, Chinese, Korean, Arabic, Hindi, Urdu, or Gujarati. 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 provide 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 relevant, current, and understandable information concerning your medication therapy and treatment from pharmacists and other direct caregivers.
3. The right to information related to your specific drug therapy, including possible adverse side effects and drug interactions.
4. The right to speak to, or receive counseling from the pharmacist to help you understand your medication, appropriate use, and patient management program.
5. The right to receive information, philosophy, and characteristics of the patient management program, before and during treatment, and the right to refuse a recommended treatment or care plan and any limitations.
6. The right to receive administration information regarding changes in, or termination of, the patient management program.
7. The right to participate in the development and periodic revision of the plan of care.
8. The right to the name and job title of all program staff members, and the right to speak with a staff member's supervisor.
9. The right to complain without fear or reprisals about the care and services you are receiving and to have the pharmacy respond to you and if you request it, a written response.
10. The right to reasonable privacy of protected health information; this information may be shared with the patient management program and those entities described in the Notice of Privacy Practices and in accordance with state and federal law.
11. The right to be informed in advance, both orally and in writing, of the charges, including payment for care/service expected from the third parties and any charges for which the client/patient will be responsible.
12. The right to be informed of any financial benefits when referred to an organization.
13. The right to decline to participate, revoke consent, or cancel enrollment at any point in time.\*
14. The right to receive appropriate care without discrimination as to age, race, national origin, religion, sex, sexual orientation, genetic information, pregnancy, retaliation, diagnosis, disease

*\*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](mailto:advocacy@vivohealthpharmacy.com).*

state, disability, or source of payment.

15. The right to receive information about the scope of services that the organization will provide and specific limitations on those services.
16. The right to be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records.
17. The right to review your medical record without charge and obtain a copy of your medical record.
18. The right to review and obtain their pharmacy records consistent with the HIPAA Privacy Rule.
19. The right to be fully informed of one's responsibilities.
20. The right to use a different provider for your medications. In the event you should choose to use another pharmacy, we will work with your preferred pharmacy to promote a smooth transition.

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, including any forms that are necessary to participate in the program, to the extent required by law.
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 provider.
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 contact information, address, or insurance information.
8. To accept any financial responsibility not covered by insurance.
9. To notify your pharmacist of your preferences related to receiving information including preferred education method and contact times.
10. Client/patient maintains any equipment provided.
11. Client/patient notifies the organization of any concerns about the care or services provided.

*Patients' Rights and Responsibilities updated October 17, 2022.*

# 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.***

## Patient Management Program

Our Patient Management Program is designed to help our patients receive the greatest benefit from their treatment. We work closely with our patients and their providers to help them navigate their treatment and handle any issues that may arise. This includes developing strategies to help minimize any adverse effects, routinely following up to ensure full understanding of the treatment and provide courtesy refill reminders, offering suggestions to help increase adherence and maintain a positive outlook throughout treatment, and providing the tools and resources needed to make informed treatment decisions. We have found that these interventions translate to increased patient satisfaction and improved outcomes. To maximize the impact of these services, it is important to realize that communication and responsiveness are essential. Our role will be limited if you wish not to participate in the development and monitoring of your care plan – this means choosing to adhere to recommendations from the pharmacist and provider and devoting time to speak to the pharmacy team. Of course, we cannot guarantee any particular outcome due to the nature of the disease and medication, and there will be times we must defer to the provider, but we will always work as a team with your best interest in mind. If at any time this is not something you wish to participate in, you may call or email our pharmacy and we will document your preference.

## 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 Program

Vivo Health Pharmacy has financial assistance resources where applicable to help with copayments and minimize interruptions in your therapy. These programs include discount coupons from drug manufacturers 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 in a case of an emergency if you believe you are experiencing any adverse reaction to the medicine you are taking.

# How To Access Medication in an Emergency

In the event of a medication emergency, please call the Vivo Health Pharmacy location that provides your pharmacy services. If your Vivo Health Pharmacy location is closed and you need assistance after hours, please call **(516) 719-5026** to be connected to our Clinical Call Center.

In the event of an emergency or disaster in your area, please do not put yourself in harm's way to access medications. Once you arrive in a safe area, please contact the Vivo Health Pharmacy location that provides your pharmacy service to ensure that your therapy is not interrupted.

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.

# 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 a pharmacist.
2. The pharmacist will attempt to resolve your grievance.
3. If a resolution cannot be attained, 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 service, please contact a Vivo Health pharmacist at [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com).

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





# Medication Storage

Did you know that elements such as heat, air, light, and moisture may make your medication less effective? Therefore, where you store your medication can truly affect how well it works. Always keep your medicine in its original container, in a cool dry place, and out of reach of children and pets. Examples may include: in a drawer or a cabinet away from a sink, stove, or shower. Do not take medication if it has changed in color, texture, or appears unusual, even if it has not expired. Ask your pharmacist about any medication-specific storage instructions.

# Hazardous Materials

Hazardous medications are drugs used to treat viruses, cancer, and may also include hormones and other miscellaneous drugs. They can be dangerous when taken by other people or pets since these medications can affect cell growth or the body's ability to fight infection.

In order to reduce risks to others, please review the following recommendations if you have been prescribed a hazardous medication:

- Whenever possible, only the patient or caregiver should handle the medication.
- Wear latex or nitrile gloves when handling the medication. Wash your hands before applying and after removing/disposing the gloves.
- If any hazardous medication spills, wipe the area with a wet paper towel and dish soap, then rinse. Any used paper towels can be put in a regular trash bin after cleaning up the spill.
- Wash and rinse your skin with soap and water if any hazardous medication comes in direct contact. If the skin becomes red or irritated, call your doctor.
- If hazardous medications gets into your eye, flush your eye for 15 minutes with tap water. Seek emergency care.
- Women who are pregnant, or who may become pregnant, or breastfeeding should NOT handle hazardous medications.
- Always keep your hazardous medicine in its original container, in a cool dry place, and out of reach of children and pets.
- Take any leftover hazardous medication to a disposal location (see "How To Safely Dispose of Drugs"). Never flush leftover medication down the toilet. For injected medications that may require special handling, call the pharmacy for specific disposal directions.
- If you have any questions, call your pharmacist.

# How To Safely Dispose of Drugs

Remember to keep all medications in a safe, secure place in your home out of reach of children and pets. It is best to properly dispose of medications to ensure they will not be used in an unauthorized or accidental manner.

We encourage all households to take unused or unwanted medications to a nearby collection site when possible. Please click the link below to find a collection site near you or check with your town, county, or city about other collection opportunities.

## New York Medication Drop Box Locations

Additionally, there are secure MedSafe drop boxes conveniently located in the lobbies of select Northwell Health Facilities including South Shore, South Oaks, and Northern Westchester hospitals and Peconic Bay Medical Center. For additional locations, please refer to the [New York Department of Health Drop Box link](#).

For opioid-containing medications (such as oxycodone) and other controlled substances, Vivo Health Pharmacy will provide the Detera Drug Deactivation System free of charge upon request. Detera will deactivate the medicine effectively, safely, and quickly when water is added according to package directions. The entire package may be safely tossed in the trash.

As a last resort, and in the absence of specific disposal instructions included in your drug packaging, follow the trash disposal instructions listed below:

1. Remove the medication from the original container 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. 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.
3. Hide all medications in an outer container, such as a sealable bag, box, or plastic tub, to prevent discovery and removal from the trash. Seal the container with strong tape.
4. Dispose of drugs as close to your trash collection day as possible to avoid misuse and/or misdirection.
5. 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.
6. When in doubt about proper disposal, ask your pharmacist.

# | Appendix



# Notice of Privacy Practices

**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.**

## What Is The Notice of Privacy Practices?

The Notice explains how we fulfill our commitment to respect the privacy and confidentiality of your protected health information. This Notice explains how we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information, and about your rights under federal and state laws. The Notice applies to all records held by the Northwell Health 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 that 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 you may have)
- Information about healthcare services you have received or may receive in the future (such as a surgical procedure)
- Information about your healthcare 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)
- Biometric identifiers (such as fingerprints)
- Full-face photographs

## Who follows the Northwell Health Notice of Privacy Practices

This Notice describes the practices of Northwell Health (collectively referred to as “we” or “us”). The privacy practices described in this Notice will be followed by all healthcare professionals, employees, medical staff, trainees, students, volunteers and business associates of the Northwell Health organizations specified at the end of this Notice.

## Overview

The following is a summary of the key provisions in our Notice. This summary is not a complete listing of how we use and disclose your protected health information. If you have any questions about any of the information contained in this summary, please read this full Notice of Privacy Practices or contact a Northwell Health staff member for more information.

### **Northwell Health 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 the qualifications of doctors
- Coordinate your care, which may include such things as giving you appointment reminders and telling you about other treatment options available through Northwell Health
- Talk to family or friends involved in your care, unless otherwise indicated by you
- Ensure that we follow the rules of regulatory agencies 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 information in our hospital directory, such as name and room number, for the benefit of visitors or members of the clergy
- Contact you for fundraising activities unless otherwise indicated by you
- Meet special situations as described in this Notice, such as public health and safety

### **You have a 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 and share about you
- Ask us to communicate with you about medical matters in a certain way or at a specific location
- Obtain a list of individuals or entities that have received your protected health information from Northwell Health, subject to limits permitted by law

- Be notified if your protected health information is improperly disclosed or accessed
- Obtain a paper copy of this Notice
- 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. Not every use or disclosure will be listed; however, all the ways we are permitted to use and disclose your information will fall within at least one of the following categories:

**For 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 Health 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 may 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 health providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose your protected health information to people outside Northwell Health who may be involved in your continuing medical treatment after you leave our care, such as other healthcare providers, home health agencies and transport companies.

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

**For healthcare 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 see how well our 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 relating 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 sent you for a test, the testing site may call you to remind you of the date you are scheduled.

**Hospital directory:** If you are admitted to the hospital, your name, room location, general condition (such as fair or stable) and religious affiliation may be listed in the hospital's patient directory. This is so your family, friends and clergy can visit you in the hospital and generally 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 a business associate that we hire to help us, such as a billing or computer company or transcription service. 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 Health that may be of interest to you. This may include information about our staff or about health-related products and services offered by Northwell Health that may be beneficial for 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 to do so. However, we may receive payment to disclose your protected health information for certain limited purposes permitted by law.

**Fundraising activities:** We may contact you to provide information about Northwell Health sponsored activities, including fundraising programs and events. We may use your protected health information, such as the department where you were seen or the name of the physician you saw, in order to contact you to ask you to make a charitable contribution to support research, teaching or patient care at Northwell Health related to your specific treatment. If you do not want to be contacted about our fundraising opportunities and events, you can let us know at any time by calling (855) 621-2844 and we will no longer reach out to you. Please give your name and address so that we may suppress your name from all future fundraising.



**Individuals involved in your care or payment for your care:** Unless you decline, we may release protected health information to people such as family members, relatives or close personal friends who are helping to care for you or pay your medical bills. Additionally, we may disclose information to a patient representative. If a person has the authority under the law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your protected health information. Parents and legal guardians are generally patient representatives for minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in 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 so that your family can be notified about your condition, status and location in the event of a disaster. If we can reasonably do so while trying to respond to the emergency, we will try to obtain your permission to share this information first.

**Research:** Northwell Health conducts research to advance science both to prevent disease and to cure patients. All research projects conducted by Northwell Health 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 or approval of the contact 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 an 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 private 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 does not leave a Northwell Health facility. If you have any questions about how your medical record information could be used in a research protocol, please call the Northwell Health Office for Human Research Protections at (516) 719-3101.

**As required by law:** We will share your protected health information when federal, state or local law requires us to do so. This includes to the Secretary of the U.S. Department of Health and Human Services for HIPAA rules compliance and enforcement purposes.

## Special situations

**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, and in the course of certain other lawful, judicial or administrative proceedings, or to defend ourselves against a lawsuit brought against us.

**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
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death suspected to be the result of criminal conduct
- About criminal conduct at Northwell Health

**To avert a serious threat 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 to help 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 vital events, such as 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 may have been exposed to a disease or may be at risk for contracting or spreading a disease and reporting to your employer findings concerning work-related illness or injury so that your workplace may 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 of a foreign government), we may share your protected health information with military authorities so they may carry out their duties under the law. We may also disclose your protected health information if it relates to national security and intelligence activities, or to providing protective services for the President or for other important officials, such as foreign heads of state.

**Health oversight activities:** We may disclose your protected health information to local, state or federal governmental authorities responsible for the oversight of medical matters as authorized by law. This includes licensing, auditing and accrediting agencies and 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 your protected health information to organizations that obtain organs or handle organ, eye or tissue transplantation. We also may release your 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 our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your information. These “incidental disclosures” are 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 in this Notice 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 that 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 law. For example, New York prohibits the disclosure of HIV-related information and the records of licensed mental health facilities for certain purposes that are permitted by 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.

## Your rights concerning your protected health information

**Right to ask to see and obtain a copy:** You have the right to ask 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 testing 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 Correspondence Unit. If you are requesting laboratory testing 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 you a written summary of your record or we may provide you with limited portions of your record. If we deny your request, in part or in its entirety, you may request that the denial be reviewed. A description of the process to have a denial reviewed, as well as information on how to file a complaint with the Secretary of 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 a right to request an amendment as long as the information is kept by or for Northwell Health. 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 to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the protected health information kept by or for Northwell Health
- Is not part of the information you would be permitted to see and copy
- Is determined by us 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 Health 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 those individuals or entities who have received your protected health information from Northwell Health in the six years prior to your request. This listing will not cover disclosures made:

- To you or your personal representative
- To provide or arrange for your care
- To carry out treatment, payment or healthcare operations
- Incident to 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
- For 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 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042. 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 responding 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 healthcare operations. In most cases, we must consider your request, but we are not required to agree to it. However, we must agree to limit disclosures made to your health insurer or other third-party payer about services we provided to you if, prior to receiving the medical services, you pay for the services in full, unless the disclosure of that information is required by law. If multiple medical services are provided to you at one time by Northwell Health, 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 Health 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 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042.

**Right to request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain 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 special 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 your bills may be sent. Your request must be made in writing by filling out a Northwell Health form requesting confidential communications. As indicated on the form, this request must be sent to the Office of Corporate Compliance at 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042. 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 locations, we may contact you using whatever information we have.

**Right to receive notice of a breach:** You have a right to be notified in the event of a breach of the privacy of your unsecured protected health information by Northwell Health or its business associates. You will be notified as soon as reasonably 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 contact information for you to ask questions and obtain additional information.

**Right to a paper copy of this Notice:** Upon request, you may at any time obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically. To request a copy, please contact the Office of Corporate Compliance at (800) 894-3226 or ask the registrar/receptionist for one at the time of your next visit.

**How to file a privacy complaint:** If you believe that your privacy rights have not been followed as directed by federal regulations and state law or as explained in this Notice, you may contact us by telephone, submit a written complaint through our web-based reporting, or file a written complaint with us at the address below:

Corporate Compliance Privacy Officer  
1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042  
Compliance Helpline: (800) 894-3226  
Web-based reporting: [Northwell.ethicspoint.com](https://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 or you otherwise wish to file a complaint, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The complaint must be in writing, it must describe the subject matter of the complaint and the individuals or organization that you believe violated your privacy and it must be filed within 180 days of when you knew or should have known that the violation occurred. The complaint should then be sent to:

Region II: New York  
Att: Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312 New York, NY 10278  
Phone: (800) 368-1019 | Fax: (202) 619-3818 | TDD: (800) 537-7697

## **Future changes to Northwell Health'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. To request a copy of the most recent Notice, please contact Northwell Health's Office of Corporate Compliance at (800) 894-3226 or ask the registrar/receptionist for one at the time of your next visit. The current Notice will also be posted to the Northwell Health website, Northwell.edu. At any time, you may request a copy of the Notice currently in effect.

## **All Northwell Health facilities that provide care to the public will follow this Notice. These facilities include, but are not limited to:**

Broadlawn Manor Nursing & Rehab Center<sup>1</sup>  
Brooklyn Ambulatory Care, P.C.  
Carnegie Cardiovascular, P.C.  
Central Suffolk Hospital (d/b/a Peconic Bay Medical Center)  
Chaps Community Health Center Inc.  
CLNY Alliance Inc.  
Concorde Medical Group, formally known as Marcus Avenue Medical, P.C.  
Glen Cove Hospital  
Greenwich Village Ambulatory Surgery Center LLC  
Harbor View Medical Services, P.C.  
Hospice Care in Westchester and Putnam Inc.  
Hospice Care Network  
Huntington Hospital Association

Huntington Hospital Dolan Family Health Center Inc.  
Island Diagnostic Laboratories Inc.  
John T. Mather Memorial Hospital  
Lakeville Surgery, P.C.  
Lenox Health Greenwich Village<sup>2</sup>  
Lenox Hill Cardiology Associates, P.C.  
Lenox Hill Hospital  
Lenox Hill Hospital Medical, P.C.  
Lenox Hill Interventional Cardiac & Vascular Services, P.C.  
Lenox Hill Pathology, P.C.  
Lenox Otolaryngology, Head & Neck Surgery, P.C.  
Long Island Jewish Forest Hills<sup>3</sup>  
Long Island Jewish Medical Center  
Long Island Jewish Valley Stream<sup>3</sup>



Long Island Jewish Medical Center at Home  
 Pharmacy Inc.  
 Manhattan Eye, Ear & Throat Hospital (MEETH)<sup>2</sup>  
 Manhattan Minimally Invasive and Bariatric  
 Surgery, P.C.  
 Marcus Emergency Medicine, P.C.  
 Medical Care of Queens, P.C. (d/b/a Queens  
 Medical Associates)  
 North Shore Cardiovascular and Thoracic Surgery, P.C.  
 North Shore Radiology at Glen Cove, P.C.  
 North Shore University Hospital  
 North Shore-LIJ and Yale New Haven Health Medical  
 Air Transport LLC  
 North Shore-LIJ Anesthesiology, P.C.  
 North Shore-LIJ Cardiology at Deer Park, P.C.  
 North Shore-LIJ Cardiovascular Medicine, P.C.  
 North Shore-LIJ Health Plan Inc.  
 North Shore-LIJ Heart Surgery, P.C.  
 North Shore-LIJ Internal Medicine at Lynbrook, P.C.  
 North Shore-LIJ Internal Medicine at New Hyde  
 Park, P.C.  
 North Shore-LIJ Internal Medicine, P.C.  
 North Shore-LIJ Medical Group at Huntington, P.C.  
 North Shore-LIJ Medical Group at North Nassau, P.C.  
 North Shore-LIJ Medical Group at Syosset, P.C.  
 North Shore-LIJ Medical Group Urgent Medical  
 Care, P.C.  
 North Shore-LIJ Medical Group, P.C.  
 North Shore-LIJ Medical, P.C.  
 North Shore-LIJ OB-GYN at Garden City, P.C.  
 North Shore-LIJ OB-GYN at New Hyde Park, P.C.  
 North Shore-LIJ OB-GYN, P.C.  
 North Shore-LIJ Occupational Medicine, P.C.  
 North Shore-LIJ Orzac Center for Rehabilitation<sup>3</sup>  
 North Shore-LIJ Pediatrics of Suffolk County, P.C.  
 North Shore-LIJ Physicians Group, P.C.  
 North Shore-LIJ Radiology Services, P.C.  
 North Shore-LIJ Urgent Care, P.C.  
 Northern Westchester ASC LLC  
 Northern Westchester Hospital Association  
 (d/b/a Northern Westchester Hospital)  
 Northern Westchester Surgical Services, P.C.  
 Northwell Health Laboratories Inc.  
 Northwell Health Stern Family Center for Rehabilitation  
 Northwell Healthcare Inc.  
 Northwell Proton Therapy, P.C.  
 NW Medical, P.C.  
 Park Lenox Emergency Medicine, P.C.  
 Park Lenox Medical, P.C.

Park Lenox OB/GYN, P.C.  
 Park Lenox Orthopaedics, P.C.  
 Park Lenox Pediatric, P.C.  
 Park Lenox Surgical, P.C.  
 Peconic Bay Primary Medical Care, P.C.  
 Phelps Medical Services, P.C.  
 Phelps Memorial Hospital Association  
 (d/b/a Phelps Hospital)  
 Physicians of University Hospital, P.C.  
 Plainview Hospital  
 Prime Care Medical of Long Island, P.C.  
 RegionCare Inc.  
 South Oaks Hospital<sup>1</sup>  
 South Shore Surgery Center LLC  
 South Shore University Hospital  
 Sports Physical Medicine and Rehabilitation  
 Services of the North Shore Long Island Jewish  
 Health System, P.C.  
 Sports Physical Therapy, Occupational Therapy and  
 Rehabilitation Services of North Shore, PLLC  
 SSH Inc.  
 Staten Island Imaging Corp.  
 Staten Island Neonatology, P.C.  
 Staten Island University Hospital – North<sup>4</sup>  
 Staten Island University Hospital – South<sup>4</sup>  
 Staten Island University Hospital Perinatology, P.C.  
 Steven and Alexandra Cohen Children's Medical Center  
 of New York<sup>3</sup>  
 Syosset Hospital<sup>5</sup>  
 The Feinstein Institute for Medical Research  
 The Heart Institute  
 The Long Island Home  
 True North Dialysis Center LLC  
 United Medical Surgical, P.C.  
 University Physicians Oncology/Hematology  
 Group, P.C.  
 VNA Home Health Services Inc.  
 Wellbridge Psychiatry, P.C.  
 Westchester Health Medical, P.C.  
 Yorktown Imaging LLC  
 Zucker Hillside Hospital<sup>3</sup>

<sup>1</sup>Indicates a facility that is a division of Long Island Home.

<sup>2</sup>Indicates a facility that is a division of Lenox Hill Hospital.

<sup>3</sup>Indicates a facility that is a division of Long Island Jewish Medical Center.

<sup>4</sup>Indicates a facility that is a division of Staten Island University Hospital.

<sup>5</sup>Indicates a facility that is a division of North Shore University Hospital.

# Vivo Health Pharmacy 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!

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

1. How knowledgeable was the staff?

1      2      3      4      5

*Not knowledgeable at all*

*Extremely knowledgeable*

2. Were your medications dispensed correctly?

Yes    No

3. Ready at time you requested?

Yes    No

4. Were you asked if you would like to talk to a pharmacist?

Yes    No

5. Was the staff courteous and helpful?

Yes    No

6. Please share any additional comments or questions.

---

---

---

7. Please rate your overall satisfaction

1      2      3      4      5

*Very Unsatisfied*                      *Very Satisfied*

8. If you would like to be contacted regarding feedback, please leave your contact information below.

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*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](mailto:advocacy@vivohealthpharmacy.com)**, or visit your Vivo Health Pharmacy location.*





# Vivo Health Pharmacy Complaint Form

Customer Information	
Customer Name:	Date:
Address:	
Phone:	Email:
Contact Preference <input type="checkbox"/> Phone <input type="checkbox"/> Email	Best time to contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Complaint:	

Vivo Health Pharmacy Use Only	
Vivo Team Member Receiving Complaint:	Date:
<b>Resolution Actions(s) - A response is required within three business days</b>	
Manager Name:	Date of Written Response or Call:
Problem(s) or Questions reported by Customer:	
Were the above problem(s) and/or questions resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	
If resolved, explain how:	
If unresolved, explain next steps:	
Signature of Person Completing Form:	Date:
Complaint Forwarded to Director/Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Director/Administrator Use Only	
Director/Administrator's Name:	Date:
Type of Contact with Customer and Date: <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person	
How was the complaint resolved:	
Director/Administrator Signature:	Date:

Please email to our Vivo Health pharmacist at: [advocacy@vivohealthpharmacy.com](mailto: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 a 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 for more information.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

# 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.

## 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, asthma, blood diseases, cancer, cystic fibrosis, Crohn's disease, high cholesterol, hepatitis B & C, fertility, prevention and treatment of HIV/AIDS, lupus, multiple sclerosis, osteoporosis, psoriasis, rheumatoid arthritis, skin conditions, transplants, ulcerative colitis, other inflammatory conditions and more. Patients being treated for one or more of these conditions will be serviced out of one of our 5 specialty locations: CFAM, Specialty, North Shore University Hospital, Lenox Hill Hospital, and Staten Island University Hospital. For the latest information, please refer to our website <https://www.vivohealthpharmacy.com/>

## What pharmacy services does Vivo Health Pharmacy provide?

We are proud to provide specialty, maintenance, and acute medication prescription services, including a range of complimentary services. These services include patient education, free delivery of prescriptions, 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 Pharmacy provide?

We are proud to work closely with Cohen Children's Medical Center to provide the specialized care that children need. From adding complimentary flavoring to medication to providing hard-to-find pediatric medications, we make sure our youngest patients are in good hands.



## How can I obtain a refill?

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

## Does Vivo Health Pharmacy 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 that 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.
- Are derived from living organisms (are biologic).
- Require significant patient education, safety monitoring, and therapy management.
- Require special storage, handling, or administration.
- Have limited or regulated distribution.
- Have a high cost per unit.

# 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.

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

**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% of expenses, the patient pays a coinsurance of 10%.

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

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

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

**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.

**Dispense:** To supply or deliver prescription medicine.

**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.

**Injectable:** Prescriptions that can be injected.

**Letter of medical necessity:** A legal document that explains a provider'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 select specialty pharmacies designed to treat complex and chronic disease states.

**Medicaid:** A social health care program supported by federal and state governments 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 federal and state governments 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.

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

**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.

**Patient Management Program:** A collaborative process that assesses, plans, implements, coordinates, monitors, and/or evaluates options and/or services to meet a patient's health needs through communication and available resources to promote quality, cost-effective outcomes. Patient management may include the patient and/or the care giver, agent or representative authorized to act on the patient's behalf.

**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.

**Prescriber:** The doctor or other recognized health provider that sets a patient's specific medication requirements.

**Prescription:** The medicine or intervention ordered by a provider.

**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.

**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 therapies for complex disease states. Vivo Health Pharmacy is equipped to provide the necessary support to patients dealing with anemia, cancer,

Crohn's disease, hemophilia and blood diseases, hepatitis C, HIV/AIDS, osteoarthritis, psoriasis, rheumatoid arthritis, transplants, 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 supportive treatment, and/or educational material designed to help them through the first days of the therapy.

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





[illegible]

[illegible]



## This image shows a blank sheet of white paper with horizontal grey ruling lines. A small green tab is visible at the bottom left corner. The paper appears to be part of a notebook or binder.



The logo for VIVO Health Pharmacy is centered in the upper half of the image. It features the word "VIVO" in a bold, purple, sans-serif font, followed by "Health" in a lighter purple, sans-serif font, and "Pharmacy" in a green, sans-serif font below it. The background consists of large, flowing, overlapping shapes in shades of green and purple, creating a sense of movement and health.

# **VIVO**Health Pharmacy

[vivohealthpharmacy.com](http://vivohealthpharmacy.com)