



# CHA Outpatient Specialty Pharmacy

Monday–Friday, 8 am–8 pm

Saturday–Sunday, 9 am–5 pm

(866) 319-8257

On-call pharmacists are available

24 hours a day, 7 days a week.



**CHA**

Cambridge  
Health Alliance

## What is the CHA Outpatient Specialty Pharmacy?

The CHA Outpatient Specialty Pharmacy is a different kind of pharmacy. We are part of your care team. Just as your doctor is a specialist that understands your health, we specialize in medications that treat your health needs.



### How we help you

As a CHA patient, you have access to pharmacists who understand your health condition.

**You can call us anytime with a question or concern.** For example, we can tell you about the side effects of a medication or provide ideas on how to stay healthy. We can even help with insurance claims and financial assistance. You can contact us weekdays, weekends or even the middle of the night. [URAC CSCD 1 (e-v)]

**We make it easy to pick up your prescriptions.** You can come to the CHA Outpatient Specialty Pharmacy in person or have medications delivered to your home, office or other location for free. You also can go online ([www.challiance.org/pharmacy](http://www.challiance.org/pharmacy)) or use our mobile app to order refills. [URAC CSCD 1 (d-ii, iii)]

**You can also get help tracking your medications.** For example, you may get a reminder phone call when it is time to renew. This way you never run out of medications you need.

## About this guide

This patient guide will walk you through refills, delivery options, care team support and more. Please keep it as a handy reference.

### How to Fill a New Prescription:

You can drop off your prescription at the CHA Outpatient Specialty Pharmacy, or have your doctor call, mail or e-prescribe it. You can also call your Specialty Pharmacy Care Team and ask us questions.

You will be contacted by a team member within 5-7 days before your refill date. If you want to contact us for a refill, you can call and speak with a pharmacy team member to process your refill request.

### How to Refill a Prescription: [URAC CSCD 1 (d-ii, iii)]

Staying on your medication is important for your health. So we make it easy. A pharmacy staff member will contact you within 5-7 days before your are due for a refill to help you:

- set up your refills
- make sure you are taking your medication in the right way
- discuss any side effects
- evaluate any changes in your health or your medications
- collect any co-payments
- set up a pick up or delivery date and confirm your address if you need delivery.

If we are unable to reach you to coordinate a refill, please call us. The pharmacy will not ship refills without confirming with you first.



### **How to Get Your Prescription:**

You can pick up your medications and supplies at the CHA Outpatient Specialty Pharmacy or have them conveniently delivered to you.

If you want to pick up your order in person, just come to the CHA Pharmacy on the 2nd floor of the CHA Cambridge Hospital. We are at 1493 Cambridge Street, Cambridge.

If you want your prescriptions delivered to you, just call us to set up a delivery. We will get your medications delivered to you for free!

### **About Emergency Prescriptions:** [URAC CSCD 1 (d-iv)]

You may occasionally need an emergency prescription or refill. Just call our toll free number 866-319-8257 and talk to one of our pharmacists.

### **Adverse Reactions:** [P-PSC 1-1av] [DRX5-5G]

An Adverse Reaction is an unwanted or unexpected result or condition that comes along with the medication. Some people can have adverse reactions, or side effects, from medication. These can be minor, but can also be life-threatening.



Knowing the signs of a serious adverse reaction is important when taking new prescriptions. Please make sure your pharmacists explain what to look for.

If you think you are having an adverse reaction, please contact our pharmacists and your doctor. In a medical emergency, please call 911 or your local emergency service for help right away.

**Medication Issues and Concerns:** [P-PSC 1-1av] [DRX5-5G]

Our clinical specialty pharmacists review all prescriptions for safety and accuracy. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency or suspect counterfeit medications) please reach out to us and we will investigate. If there is a problem, we will fix the error.

We want you to be completely satisfied with the service we provide. If you or your caregiver have any concerns, please contact us by phone, email or in writing.

## When to Contact Us

- If you have questions or concerns about your medication(s)
- If you suspect a reaction or allergy to your medication(s)
- If a change has occurred in your medication(s) usage
- If your contact information or delivery address has changed
- If your insurance information or payment source has changed
- To check your order, talk about your order or reschedule your delivery
- To get a refill on your prescription
- To ask about pricing options or savings programs for your medication(s)

## About Deliveries

- **Delivery times:** Regular delivery is Monday thru Friday, but some deliveries may arrive on Saturday. Orders that need to be refrigerated arrive Monday thru Friday.
- **Delivery to remote areas:** In remote areas, deliveries may be as late as 7:30 pm. Saturday delivery may not be available. Check delivery times with the Specialty Pharmacy team when placing your order.
- **Receiving your shipment:** In most cases, someone must sign for your delivery. We cannot leave your package by the door. If you or someone you trust is not available, call us and we can arrange a different delivery time.
- **Late or missing deliveries:** If you do not receive your medication on time, please contact us as soon as possible to avoid missing a dose. If we know an order will be delayed, we will contact you as soon as possible. You can get an order status any time by calling 1-866-319-8257 option 2. [URAC CSCD 1 (d-v, d-vi)]

- **Change of address:** Please tell your care team if your address, phone number or delivery preferences change.
- **When you are on vacation:** If you are on vacation or away from home for an extended period, call your Specialty Pharmacy team to arrange a different delivery location for you.

## Understanding Costs [DRX2-1A] [DRX2-1B] [DRX2-1B-MORX, SRX, and SRX ONLY]

- Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays and co-insurance. [P-PSC 1-1bi]
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so we can work together to resolve the issue. [P-PSC 1-1bii]
- We will provide you with the cash price of medication upon request. [P-PSC 1-1bii]
- Our team has access to financial assistance programs to address financial barriers to starting your medication(s). These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will help you enroll into such programs, when available.
- If your insurance plan determines that our pharmacy is out of network, we will contact you by phone and in writing for your approval before we bill your credit card.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.[P-PSC 1-1aiv] [DRX 5-5G]
- Please call us if you would like to receive your medication(s) from another pharmacy. We will help you transfer your prescription(s) to the appropriate pharmacy of your choice. [P-PSC 1-1aiv] [DRX 5-5G]

Our pharmacy strives to find the most cost-effective options for you. From time to time, it may be necessary to substitute brand name drugs with a generic option. This could be due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the Specialty Pharmacy staff will contact you prior to shipping the medication(s) to inform you of the substitution. When available, our pharmacy will default to the generic option to save you money. We will use brand name medication(s) at your or your provider's request. [DRX 5-5G]

## About Your Care Team

### We are Here to Help:

Your care team is always available to provide personalized support when you need it. You can contact a pharmacist and support staff specially trained in your condition.

We are available to answer questions 24 hours a day, 365 days a year. [URAC CSCD 1 (a-iii)] Call us at 866-319-8257. [URAC CSCD 1 (a-iii)]

### What We Do:

Specially trained pharmacists and support staff will:

- Teach you how to take your medication
- Help you understand side effects
- Check your dosage and medication schedules
- Remind you when it's time to refill
- Help you stay on therapy
- Set up new routines if needed
- **Answer** your questions

### Experience You Can Trust:

With over 50 years of combined pharmacist experience, you are in knowledgeable, caring hands.





### **Other Care Team Members:**

Registered Pharmacists are members of your treatment team. They review lab results, monitor compliance and check for side effects or drug interactions. If the product selected by the provider is not available at our pharmacy, the pharmacist will secure the medication from another pharmacy at the same or lower cost to you. [URAC CSCD 1 (d-i)]

Patient Care Coordinators will contact you on a regular basis. They will help you schedule deliveries and manage your inventory of medication and supplies. If necessary, after a review of your medical history, they may also recommend treatment adjustments to your doctor.

### **Multicultural Affairs and Patient Services**

If you need an interpreter, please tell us. CHA has interpreters in more than 60 languages available. This includes requests for the deaf or hard of hearing, including American Sign Language and CDI services.

Professional medical interpreters are available face-to-face, by phone or by video conference.



## Safety Tips for Managing Your Condition

- **Be prepared:** If you need to leave home in an emergency,
  - Take enough medication and supplies with you to last the emergency
  - For drugs that need to be kept cool, fill a chest or cooler with ice to keep your medications cool
  - When you can, call your care team to let us know how you are and where to reach you during the emergency
- **Drug storage:**
  - If your medication needs to be kept in the refrigerator, put it on a clean shelf or drawer
  - Keep all drugs and supplies away from other household or food items
  - Keep all drugs and supplies out of the reach of children and pets

- **Proper disposal:** [URAC CSCD 1 (e-iv)]

- It is important to always dispose of any medical waste. This includes needles, bandages, surgical tools and glassware
- Do not re-cap needles after injections
- Keep a rigid, puncture resistant, leak-proof container nearby for easy disposal of syringes and needles
- Store this container upright and keep out of reach of children and pets
- When a container is full, seal the lid. Use tape or glue if needed
- Dispose of containers following local laws
- Do not flush them down the sink or toilet
- Please do not send used sharps containers back to the pharmacy
- For instruction on how to dispose of unused medications, check the following websites.

1. **FDA: Where and How to Dispose of Unused Medications:**

<https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>

2. **Rx Drop Box:** <https://www.rxdrugdropbox.org/>

- If your medication is recalled, we will reach out to you with information on what to do. If a different medication is needed, we will work with your doctor to find a substitute.
- If you are unable to go to a take-back program or collection receptacle, remove the prescription drug(s) from their original containers and mix any unused medication(s) with coffee grounds, dirt, or cat litter in a container or sealable bag to make the medication(s) unrecognizable before throwing it away with the household trash.

- **Preventing infections:**

- It is important to wash your hands before preparing your medication for injection
- Use soap and warm water to wash your hands
- Rub your hands together for at least 20 seconds and scrub all surfaces
- Rinse your hands under running water and dry using a paper towel
- If soap and water is not available, use an alcohol based hand sanitizer, making sure to cover all surfaces and under your nails

## **Emergency & Disaster Preparedness Plan** [RM 4-1 aii] [DRX5-5A] [DRX7-4C]

Cambridge Health Alliance has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, snow storms, tornadoes and community evacuations. Our primary goal is to continue to meet your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing weather updates as point of reference.
  - a. If you are not in the pharmacy local area, but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or FedEx

next day delivery during any suspected weather emergencies.

3. If the pharmacy cannot get your medication to you before a weather emergency, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will help you.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

## Infection Control [DRX7-1A]

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has

used the toilet

- **After** blowing your nose, coughing or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

### **Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):**

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

## **Home Safety Information**

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

### **Medication**

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that was prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
- Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

## **Mobility Items**

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches please use extra caution to prevent slips and falls.

- Avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the locked position when standing up or before sitting down
- Wear shoes when using these items and be try to avoid obstacles, soft and uneven surfaces.

## **Slips and Falls**

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Install good lighting

## **Lifting**

If it is too big, too heavy or too awkward to move alone - GET HELP.  
Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees prior to carrying the load
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead – clear your way.

## **Electrical Accidents**

Here are some things you can do to prevent electrical accidents.

- Watch for early warning signs; overheating, a burning smell, sparks.
- Unplug an appliance and get it checked right away.
- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Do not overload outlets with too many plugs.

## **Smell Gas?**

- Open windows and doors.
- Shut off appliance involved
- Don't use matches or turn on electrical switches.
- Don't use the telephone – dialing may create electrical sparks.
- Don't light candles.
- Call the Gas Company from a neighbor's home.



- If your gas company offers free annual inspections, take advantage of them.

## **Fire**

Pre-plan and practice your fire escape. Look for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar.
- Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

## **If you have a fire or suspect fire**

1. Take immediate action per plan -Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

## Diversity, Equity, and Inclusion (DEI)

Cambridge Health Alliance ensures that all patients have equitable access to quality care, regardless of their background or characteristics. We recognize and respect diversity among patients, addressing any barriers that may limit access to care, and creating an inclusive environment where all patients feel welcomed and valued. [CPE 2-1 ai-iii]

### Key aspects of patient DEI in healthcare include:

**Access to Care:** Ensuring that all patients, regardless of their socioeconomic status, race, ethnicity, or other characteristics, have access to quality care. [CPE 2-1 ai]

**Cultural Competence:** Understanding and respecting the beliefs, values, and cultural practices of diverse patient populations.[CPE 2-1 aii]

**Language Access:** Providing language access services, such as interpreters and translated materials, to ensure all patients can communicate effectively with their healthcare providers. [CPE 2-1 aiii]

**Health Disparities:** Addressing and reducing health disparities among different patient populations, including those based on race, ethnicity, and socioeconomic status. [CPE 2-1 aii]

**Inclusive Environment:** Creating a welcoming and inclusive healthcare environment that respects and values the diversity of all patients. [CPE 2-1 aiii]

Cambridge Health Alliance is committed to prioritizing patient DEI in healthcare, to improve patient outcomes, reduce healthcare disparities, and promote a more equitable and inclusive healthcare system.

## HIPAA Notice

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.

Cambridge Health Alliance Pharmacy works with you to provide quality prescriptions. This Notice of Privacy Practices (“notice”) describes:

- How we may use and disclose your medical information
- Your rights to access and amend your medical information

We are required by law to:

- Maintain the privacy of your medical information
- Provide you with notice of our legal duties and privacy practices with respect to your medical information
- Abide by the terms of this notice

### Permitted Uses and Disclosures of your Medical Information

As permitted by your health plan or prescription benefit plan, we may use and disclose your medical information for the following purposes only:

#### Treatment

We may use and disclose your medical information to healthcare professionals to provide, coordinate and manage the delivery of medical items or services. For example, our pharmacist may disclose medical information about you to your physician in order to coordinate the prescribing and delivery of your medications. We will fill and send to you orders that you send to Cambridge Health Alliance Pharmacy.

#### Payment

We may use and disclose medical information about you to manage your account and process your claims for medications you have received. For example, we may provide you with claim forms containing your information for you to submit to your health plan or employer for payment.

## **Healthcare Operations**

We may use and disclose your medical information to carry on our own business planning and healthcare operations. We need to do this so we can provide you with pharmacy benefits and ensure you receive the highest-quality services. For example, we may use and disclose medical information about you to:

- Assess the use or effectiveness of certain medications
- Develop and monitor medical protocols
- Give you helpful medication reminders and health-management services.

At your request, we may send you information about health conditions, medications or promotions. At your request or the request of your health plan, we may send you information or contact you about programs designed to improve your health.

## **Care Coordination and Treatment Reminders**

We may use or disclose your medical information to contact you about treatment options or alternatives that may be of interest to you. For example, we may call you to remind you of expired prescriptions, the availability of alternative medications or to inform you of other medications that may benefit your health.

## **Individuals Involved in Your Care or Payment for Your Care**

We may disclose medical information about you to someone who assists in or pays for your care. Unless you write to us and specifically tell us not to, we may disclose your medical information to someone who has your permission to act on your behalf. We will require this person to provide adequate proof that he or she has your permission.

## **Business Associates**

We may arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.

## **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. Before we use or disclose medical information about you, we will either remove information that personally identifies you or gain approval through a special approval process designed to protect the privacy of your medical information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.

**Abuse, Neglect or Domestic Violence**

We may disclose your medical information to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you will place you at risk of serious harm.

**Public Health**

We may disclose your medical information to a public health department, including the U.S. Food and Drug Administration, when required by law for the reporting or tracking of illnesses, injuries or dangerous preparations.

**Health Oversight**

We may disclose medical information to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies (state and federal) that oversee the healthcare system, government benefit programs and organizations subject to government regulation and civil rights laws.

**To Avert Serious Threat to Health or Safety**

We may disclose your medical information to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

**Judicial Proceedings**

We may disclose your medical information in the course of any judicial proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.

**Law Enforcement**

We may disclose your medical information, as required by law, in response to a subpoena, warrant, summons or, in some circumstances, to report crime.

**Coroners and Medical Examiners**

We may disclose your medical information to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.

**Organ, Eye and Tissue Donation**

We may disclose your medical information to organizations involved in organ transplantation to facilitate donation and transplantation.

## **Workers Compensation**

We may disclose your medical information in order to comply with worker's compensation laws and other similar programs.

## **Specialized Government Functions, Military and Veterans**

We may disclose your medical information to authorized federal officials to perform intelligence, counter-intelligence, medical suitability determinations, Presidential protection activities and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military force, we may disclose your medical information as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to those parties if disclosure is necessary for 1) the provision of your healthcare; 2) maintaining the health or safety of yourself or other inmates; or 3) ensuring the safety and security of the correctional institution or its agents.

## **As Otherwise Required by Law**

We will disclose medical information about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of medical information, we will follow such laws to the extent they apply.

## **Other Uses and Disclosures**

Other uses and disclosures of your medical information not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time unless we have taken action in reliance upon it.

## **Your Rights with Respect to Your Medical Information**

You have the following rights regarding medical information we maintain about you:

### **Right to Inspect and Copy**

Subject to some restrictions, you may inspect and copy medical information that may be used to make decisions about you. To do so, submit a written request to Cambridge Health Alliance Pharmacy at the address listed below.

### **Right to Amend**

If you believe medical information about you is incorrect or incomplete, you may ask us to amend the information. Such request must be made in writing and submitted to Cambridge Health Alliance Pharmacy at the address listed below. In addition, you must provide a reason supporting your request to amend.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures of your medical information. This accounting identifies the disclosures we have made of your medical information other than for treatment, payment or healthcare operations. You must submit your request in writing to Cambridge Health Alliance Pharmacy at the address listed below. The provision of an accounting of disclosures is subject to certain restrictions.

### **Right to be Notified**

You have the right to be notified following a breach of unsecured PHI if your PHI is affected. This notification will be made by mail unless we do not have a correct mailing address for you, then we may use our web site, media stories or ads to inform you.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or healthcare operations. You also may request that your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

### **Right to Request Disclosures to your Insurance Plan**

You have the right to request that we do not disclose information to your insurance plan about services provided however you must pay for the services in full. If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.

### **Confidential Communications**

You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information. Your request must be submitted in writing to Cambridge Health Alliance Pharmacy at the address listed below and you must state an alternate method or location you would like us to use to communicate your medical information to you.

### **Right to a Paper Copy of This Notice**

You have the right to request a paper copy of this notice at any time. For information about how to obtain a copy of this notice and answers to frequently asked questions, please call 866-319-8257. Even if we have agreed to provide this notice electronically, you are still entitled to a paper copy.

**Right to File a Complaint** [URAC CSCD 1 (f)]

If you believe we have violated your privacy rights you may file a written complaint to Cambridge Health Alliance Pharmacy at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Written complaints and written requests for a copy of your medical information, amendment to your medical information, an accounting of disclosures, restrictions on your medical information or for confidential communications may be mailed to:

Cambridge Health Alliance Pharmacy  
1493 Cambridge St CAMBRIDGE, MA 02139

Please include your name, address. We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future.

**URAC Complaint Info**

Website: <https://www.urac.org/complaint/>

Email Address: [grievances@urac.org](mailto:grievances@urac.org)

**ACHC Complaint Info**

Website: <http://achc.org/contact/complaint-policy-process>

For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214 and request the Complaints Department

**Massachusetts State Board of Pharmacy**

Website: [www.mass.gov/orgs/board-of-registration-in-pharmacy](http://www.mass.gov/orgs/board-of-registration-in-pharmacy)

Telephone: 617-973-0988

Email: [pharmacy.admin@massmail.state.ma.us](mailto:pharmacy.admin@massmail.state.ma.us)

**Additional information regarding the CHA Outpatient Specialty Pharmacy Program:**

Participation in our specialty pharmacy program will provide you with one on one specialty pharmacist monitoring of your drug therapy. We will review your overall health with emphasis on managing side effects, assisting with medication reminders, and adherence to therapy. Although participation is encouraged, it is voluntary and will not replace all interactions and relationships with your provider.

[URAC PM 10 (b-i, b-ii, b-iii)]

If you choose not to participate in our specialty pharmacy program, please contact one of our specialty pharmacists and they will remove you from our program.

For more information about the CHA Outpatient Specialty Pharmacy Program, please call 866-319-8257 or email [pharmacy@challiance.org](mailto:pharmacy@challiance.org)



## Patient Bill of Rights and Responsibilities

To ensure the finest care possible, as a Patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

### Patient Rights [URAC CSCD 1 (e-i)]

- To select those who provide you with Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your Pharmacy in regard to services or care, without fear of discrimination or reprisal [URAC CSCD 1 (f)]
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans [URAC CSCD 1 (e-ii)]
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall [URAC CSCD 1 (e-iii)]
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information on how to access support from consumer advocates groups [URAC CSCD 1 (a-iv)]

- To receive pharmacy health and safety information to include consumer's rights and responsibilities [URAC CSCD 1 (e-iv)]
- To know about philosophy and characteristics of the patient management program [URAC PM 12 (a)]
- To have personal health information shared with the patient management program only in accordance with state and federal law [URAC PM 12 (b)]
- The right to identify the program's staff members, including of the program and their job title, and to speak with a supervisor of the a staff member's supervisor if requested [URAC PM 12 (c)]
- The right to speak to a health professional [URAC PM 12 (d)]
- To receive information about the patient management program [URAC PM 12 (e)]
- To receive administrative information regarding changes in or termination of the patient management program [URAC PM 12 (f)]
- To decline participation, revoke consent or dis-enroll at any point in time [URAC PM 12(g)]
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, orally and/or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [URAC CSCD 1 (f)]

- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated [URAC CSCD 1 (f)]
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- To receive information to assist in interactions with the organization
- To receive information about health plan transfers to a different facility or Pharmacy Benefit Manager organization that includes how a prescription is transferred from one pharmacy service to another
- The right to receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary

### **Patient Responsibilities**

- To provide accurate and complete information regarding your past and present medical history and contact information and any changes
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Pharmacy personnel
- To notify your Physician and the Pharmacy with any potential side effects and/or complications [URAC CSCD 1 (e-v)]
- To Notify Cambridge Health Alliance via telephone when medication supply is running low so refill maybe shipped to you promptly

- To submit any forms that are necessary to participate in the program to the extent required by law [URAC PM 12 (h)]
- To give accurate clinical and contact information and to notify the patient management program of changes in this information [PM12(i)]
- To notify their treating provider of their participation in the *patient management* program, if applicable [URAC PM 12 (j)]

For more information about Cambridge Health Alliance Specialty Pharmacy, call **866-319-8257**, or email us at **pharmacy@challiance.org**.

We're available to assist you 8 am–8 pm, ET, Monday–Friday and 9 am–5 pm, Saturday and Sunday. On-call pharmacists are available 24 hours a day, 7 days a week.

You may also visit us online at **www.challiance.org/cha-services/specialty-pharmacy**.

[URAC CSCD 1(a-i, a-ii)]

## About Cambridge Health Alliance:

Cambridge Health Alliance (CHA) is a vibrant, innovative health system dedicated to providing essential services to all members of the community. With over 140,000 patients in Cambridge, Somerville, and Boston's Metro North region, CHA is a local provider of choice for primary care, specialty care, emergency services, hospital care, maternity care and behavioral health. CHA patients receive high quality care in convenient neighborhood locations and have seamless access to advanced care through CHA's affiliations with Beth Israel Deaconess Medical Center (BIDMC) and Mass. General Hospital for Children (MGHfC).

CHA is a teaching affiliate of Harvard Medical School, Harvard School of Public Health, Harvard School of Dental Medicine and Tufts University School of Medicine. Through these partnerships, CHA offers residency and training programs in a variety of disciplines including Internal Medicine, Family Medicine, Podiatric Surgery, Psychiatry, Psychology and Dentistry. CHA also serves as a teaching site for numerous Boston-area Nursing schools.

Our mission is to improve the health of our patients and communities.