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.

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. You also can go online (www.challiance.org/pharmacy) or use our mobile app to order refills.

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.

How to Refill a Prescription:
Staying on therapy is the most important thing you can do. So we make it easy.

Call us when you run low on medication and we will prepare your next refill. If we haven’t heard from you, someone on your Specialty Pharmacy team will give you a reminder call.

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 delivery service.

About Emergency Prescriptions:
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.
### 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 your 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.

- **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

- **Lower-cost Generics:** If your doctor prescribes a brand name medication, we may call them to see if a generic version is right for you. This helps make sure your medications are cost effective and will meet your health needs.

- **Insurance and Financial Help:** An insurance specialist is available to help you understand your benefits and keep out-of-pocket costs as low as possible.

- **Copayments:** Copayments must be made before your order can ship. Credit cards are preferred and may be easier for you. We can securely file the credit card number (with your permission) so future refills will be billed to the same credit card.
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. Call us at 866-319-8257.

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 necessary, they also recommend treatment adjustments to your doctor.

Patient Care Coordinators will contact you on a regular basis. They will help you schedule deliveries and manage your inventory of medication and supplies.
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:
  ○ 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 the 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

• 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
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
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.

For more information about Cambridge Health Alliance Specialty Pharmacy, call 866-319-8257.

We’re available to assist you 8:30 am–7 pm, ET, Monday–Friday and 9 am–3 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.