



Welcome to Wells!

Dear New Patient:

The team at Wells Specialty Pharmacy would like to welcome you as a new patient to our pharmacy services!

Please take the time to read the attached information and return your signed acknowledgement of receiving our Notice of Privacy Practices (this is the last page of the packet) so we may update our records to provide you the best care possible.

At Wells, our teams work together with your doctor to meet your health care needs! Our specialty pharmacy is licensed to ship your medications directly to your home or your place of work. Many members of our team speak Spanish and we have translation services available.

Patient Management Program:

If you are receiving a specialty drug then you will automatically be enrolled in our disease specific patient management program. This program is designed to provide benefits such as helping you manage any side effects, making sure you are taking your medications as prescribed, and ensuring the overall improvement in your health. In order for this to be successful you need to be willing to follow the treatment plan determined by you, your doctor and the pharmacist. This service is provided to you at no cost and your participation is voluntary. Remember that you should keep us and your doctor updated on how you are doing on your medication and of any changes in your health. This is very important to the goals of your therapy. You may contact us by phone and opt-out at any time.

If you have any questions regarding your medications or our services, or you suspect any errors related to the filling of your medication - call us immediately and ask to speak to a pharmacist or manager. If you would like our team to transfer your other prescriptions from another pharmacy over to Wells Specialty so we can fill all of your medications together at one time each month, please call us toll-free at: (855) 474-2763. If you experience an adverse reaction to a medication, please contact your doctor or our pharmacy immediately.

We look forward to serving you!

The Team @ Wells Specialty Pharmacy

CONTACT US:

- **Address:** 3796 Howell Branch Road, Winter Park, Florida 32792
- **Numbers:** **Tel:** (855) 474-2763 **Fax:** (407) 675-4600
- **Website:** (Chat live and find more info): **www.WSPWares.com**
- **Hours:** Monday to Friday 9am to 5pm EST **Closed:** Saturdays and Sundays
- **After Hours:** Urgent Issues: **Call** (855) 474-2763; follow prompts to reach the on-call pharmacist
- **Patient Resources:** Visit our website for helpful links and resources for various disease states & information

Important Information

- **Refills:**

- Call (855) 474-2763 to request a refill. You may request to be set up on automatic refills; and of course you may always opt-out at any time by simply calling us 7-10 days in advance to request that auto-refill be discontinued. We courtesy call the patient when a shipment is scheduled to go out to ensure timely delivery.

- **Processing Time:**

- Specialty Medications may need a special approval (prior authorization) from your insurance company. This could delay the processing or shipping of your prescription. Please note some pharmacies will not assist with this prior authorization step but Wells Specialty Pharmacy does! This may take up to 10 days depending on the information required from your physician in order to make their decision. That's why we work hard to speed up this process for you! Once we have the approval we will ship within 24-48hrs and prescriptions arrive within 1-3 business days, depending on the shipping method you select.
- Prescriptions that do not require authorization, are processed within 24 hrs of receiving the order from your doctor and getting your approval to ship. Medications are then sent out via FedEx and arrive within 1-3 business days.

- **Shipping:**

- Prescriptions ship primarily via FedEx (US Mail option is only available if permitted based on the type of drug being shipped). Shipments typically arrive within 1 to 3 business days depending on the carrier used. We will advise you of any shipping costs you may incur. We will also advise you if a signature is required on your medication, however please note that all specialty and controlled substance medications will REQUIRE a signature upon delivery. If it is more convenient for your schedule, we are happy to ship your prescription to your place of work if you cannot be home to meet the courier during the day. If your medication requires refrigeration during transit, we will ship it in special packaging with ice packs to ensure it maintains the optimal temperature.
- Once you receive your package, inspect the contents and check your labels to confirm if your medication needs to be refrigerated. If the package appears damaged or you believe the medication was not received at the correct temperature, please call us immediately so we may investigate. (855) 474-2763

- **Medication Substitutions:**

- If the medication your provider ordered is not available or covered by your insurance, our pharmacist will speak with your provider regarding a therapeutic substitution or a change in the prescription. Any changes will be explained to you by the pharmacist once they have consulted your provider. If the drug is available at another pharmacy, we will transfer your prescription to be filled by that pharmacy and will communicate their information to you.

- **Disposal of Unused Medications & Sharps (Needles):**

- Visit our website for information on safe disposal of medications and sharps
- Visit this FDA website for information on how to safely dispose of unwanted medications

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Important Information

- **Insurance:**
 - We accept most insurance plans and will help you find patient assistance if available. If our pharmacy is not contracted with your insurance plan, we will facilitate the transfer of your prescription and any prior authorization work we have completed on your behalf, to a pharmacy within your network. We will notify you and your provider of this transfer and how to contact the other pharmacy.
- **Payment Methods:**
 - We accept Visa, MasterCard, Discover, American Express and money orders for co-pays. Money orders must be received prior to any medication being shipped out. Please do not mail cash.
- **Financial Assistance:**
 - Wells Specialty Pharmacy strives to help patient's lower their out of pocket prescription costs. Our team will reach out to manufacturer websites to locate available co-pay cards and to foundations that offer financial support to patients for high cost medications within certain disease categories, based on meeting eligibility criteria. Our team will assist you in navigating these challenges so you can focus on your health.
- **Prescription Transfers:**
 - If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. If we can no longer service your medication for any reason, a pharmacist will transfer your prescription to another pharmacy and we will inform you of this transfer of care via telephone.
- **Reporting Adverse Reactions:**
 - If you experience any adverse effects from your medication, you should report them to our pharmacist (855) 474-2763 and to your medical provider. You may also report any adverse event to the U.S. Food and Drug Administration (FDA) by calling toll free (888) FDA-1088 or online using web address:
<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=consumer.reporting1>
Visit www.fda.gov for more information.
- **Drug Recalls:**
 - If your medication is recalled by the manufacturer of that drug, our pharmacy will be automatically alerted by our supplier and we will contact you personally by phone and by mail, with specific instructions on what to do with the medication, any next steps required by you and how your prescription will be replaced.
- **Emergencies or Disaster Situations:**
 - In cases of emergency where you need your prescription sooner than expected, or your local area is expecting bad weather (such as a hurricane) - we will work to get you your medications ahead of schedule and expedite shipments. If there is a natural disaster in our area of central Florida, we will follow our internal disaster response protocols and ensure that your medication is transferred to a pharmacy that can service you on time in the event that we cannot.
- **Filing a Complaint:**
 - Customers may submit a formal complaint by calling our toll-free number or using the Contact Form on our website. We strive to resolve complaints within 24 hours. If your problem requires escalation, a manager will contact you within 72 hours to provide resolution or to update you with an expected timeline for addressing your complaint. You will be notified of a resolution, no later than 14 days after filing a complaint. Written notice is available upon request.

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

- To select those who provide you with Pharmacy services – ***the right to choose your pharmacy***
- 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 receive care without discrimination***
- 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 receive excellent care and service***
- 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 make decisions regarding your own health care***
- 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 receive information to help you decide which pharmacy and health services are best for you***
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans – ***to be able to speak with a pharmacist about your care any time***
- 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 get your prescribed medication and learn how our pharmacy does business and where to get information you want or need***
- To request and receive data regarding treatment, services, or costs thereof, privately and confidentially – ***to ask questions and get answers while maintaining privacy***
- To be given information as it relates to the uses and disclosure of your plan of care – ***to ask questions and get answers about your medications or treatment***
- To have your plan of care remain private and confidential, except as required and permitted by law – ***we follow federal HIPAA guidelines to protect your privacy***
- To receive instructions on handling drug recall – ***we will notify you of what to do if your medication is recalled by its manufacturer***
- To confidentiality and privacy of all personal 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 – ***we follow federal HIPAA guidelines to protect your privacy***
- To receive information on how to access support from consumer advocates groups – ***we will guide you in finding support services and assistance relating to your condition***
- To receive pharmacy health and safety information to include consumers rights and responsibilities – ***we will provide you this document, our welcome package and guide you to our website for access to information or we will mail you any information you need***
- To know about philosophy and characteristics of the patient management program – ***to know what our program offers and how it works, our FAQ's are located on our website and we can mail this information to you, or you can call us (855) 474-2763 to ask questions any time.***
- To have personal health information shared with the patient management program only in accordance with state and federal law as well as to receive information about the patient management program – ***we follow federal HIPAA guidelines to protect your privacy.***
- The right to identify the program's staff members, including name and job title, and to speak with a supervisor of the staff member if requested and the right to speak to a health professional – ***we will identify ourselves when we answer the phone or reach out to you, and will offer you to counsel with a pharmacist.***
- To receive administrative information regarding changes in or termination of the patient management program – ***you will be told if anything in the program changes or if we stop offering the program.***
- To decline participation, revoke consent/enrollment at any point in time – ***you can decide not to use the program at any time***
- A patient has the right to receive a copy of a reasonably clean and understandable, itemized bill and upon request to have the charges explained - ***we will provide you with receipts for your medications and explain them to you if asked.***
- A patient has the right to treatment for any emergency condition that will deteriorate from failure to provide treatment.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance of procedure of the Pharmacy, which served him or her and to the appropriate state licensing agency.

Patient Responsibilities

- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments –***you should take your medications as prescribed and refill them ahead of time to make sure you do not run out of medications, you will also let our pharmacist know if there are any changes to your dosing, medications prescribed, health conditions or allergies.***
- To participate in the development and updating of a plan of care – ***you should work with your doctor and our pharmacist to make sure you receive the best treatment and care***
- To communicate whether you clearly comprehend the course of treatment and plan of care – ***you should ask questions and request written instructions if you do not understand your medication therapies***
- To comply with the plan of care and clinical instructions ***you should take your medications as prescribed and refill them ahead of time to make sure you do not run out of medications, you will also let our pharmacist know if there are any changes to your dosing, medications prescribed, health conditions or allergies.***
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services – ***to know that the success of your medication therapy depends on taking your medications as instructed, to report any side effects or concerns and be responsible to refill early and not run out of medications.***
- To respect the rights of Pharmacy personnel – ***to be courteous to pharmacy staff even when you are frustrated or don't feel well. It is also our responsibility to treat you with courtesy at all times. It is your right to ask to speak to a supervisor if you do not feel that you are receiving excellent service.***
- To notify your Physician and the Pharmacy with any potential side effects and/or complications – ***to know that the success of your medication therapy depends on taking your medications as instructed, but to report any side effects to a pharmacist or your doctor immediately. We offer an on-call pharmacist for after hours urgent consultation services.***
- To Notify Wells Specialty Pharmacy via phone when medication is running low so refill can be shipped promptly –***call us 7-10 days in advance so your refill can be processed and shipped in time, you can also ask to enroll in auto-shipment.***
- To submit any forms which are necessary to participate in the program to the extent required by law – ***complete the medical history form and sign the Notice of Privacy Practices Acknowledgment then return them to the pharmacy.***
- To give accurate clinical and contact information and to notify the patient management program of changes in this information – ***tell us about your medical history, other medications, vitamins, allergies and keep us updated if anything changes in your health history or you move or have new contact information.***
- To notify their treating provider of their participation in the patient management program, if applicable – ***tell your doctors that you are working with Wells Specialty Pharmacy and give them our phone number (below).***
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible - ***we require payment for medication co-pays prior to the order being shipped out.***
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

If you have any questions, concerns or issues that require assistance, please call toll free (below).
Complaints will be forwarded to management and you will receive a response within 5 business days.

Call Toll Free: (855) 474-2763

Advocacy. Adherence. Outcomes.



NOTICE OF PRIVACY PRACTICES (NOPP)

Effective Date: June 1, 2016

3796 Howell Branch Rd, Winter Park, FL 32792 (855) 474-2763

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.

Wells Specialty Pharmacy, Inc., values your privacy and trust. To serve you, we need personal information from you and your healthcare provider. This includes things like your name, mental and physical health conditions, address and other things that identify you. This information is called protected health information. We'll abbreviate protected health information in the rest of this document by calling it PHI. The law requires us to protect your PHI. We take that requirement seriously. We use and disclose PHI only as allowed by law. For example, when we provide you your prescriptions, we will use and disclose your PHI.

The law also requires us to let you know how we use and protect your PHI. We've put together this document, called a Notice of Privacy Practices to help you understand how we use, protect and disclose your PHI. We'll abbreviate Notice of Privacy Practices in the rest of this document by calling it NOPP. The NOPP helps us tell you that you have legal rights related to your PHI. We'll tell you what your rights are and how to exercise them. The law also requires us to give you a copy of this NOPP.

We're going to ask that you acknowledge you've received, read and understand this NOPP. Your PHI will only be used and disclosed as described in the NOPP. If we need to use and disclose your PHI in a way not described, we will get your written authorization before the use and disclosure. We might need to change this NOPP in the future. If this happens, we will give you the new NOPP within 60 days of changing it.

SECTION A: Uses and Disclosures of Protected Health Information: For treatment: The law lets us use and disclose your PHI for treatment. We get information from your doctor or other health care provider to provide your prescriptions and keep track of your treatment. We keep records about our management of your medication and information that helps us do that. This means that we are communicating with your healthcare team to treat you and provide your medication. For example, the pharmacist may talk to your doctor about your medications, treatment, condition or other information like how you are doing with your treatment. We may use and disclose your PHI, without your authorization when the pharmacy needs to contact a physician or physician's staff. We may use and disclose your PHI if we are contacted by another pharmacy who tells us they have your request and consent to transfer pharmacy records to them.

Storage and Backup: We store some of your PHI electronically on computers. We backup our electronic records frequently and securely. We store the backups off site. We also use other precautions to reasonably safeguard your PHI. Even with those safeguards, a computer crash, disaster, technological failure or emergency could cause the loss of your PHI.

Other Communication: We may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: Sometimes, our Pharmacy works with other companies or people to operate our business who aren't directly employed by us. These are people or companies who work with us under contract or as we need them. If those companies or people have access to your PHI, they are called Business Associates. Shredding companies, records storage providers, and medical transcriptionists are examples of business associates. Business associates may use, change or create PHI. We require business associates to protect your PHI in the same way we do. We have agreements with our business associates where they promise to keep your PHI private. We only give business associates the information they need to do their jobs.

Other Disclosures: There are other times that we can use or disclose your PHI without your authorization. However, Wells Specialty Pharmacy, Inc. may never have reason to make these disclosures.

To Communicate with Individuals Involved in Your Care: We may disclose to a family member, other relative, close personal friend or any other person you identify, PHI that helps the person care for you.

Food and Drug Administration (FDA): We may disclose to the FDA, or people working for the FDA, PHI about adverse events involving drugs, foods, supplements, products and product defects, or post-marketing surveillance information that helps the FDA do product recalls, repairs, or replacements.

Worker's Compensation: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities who work to prevent or control disease, injury, or disability.

Law Enforcement: We may disclose your PHI to law enforcement as required by law or in response to a subpoena or court order.

Health Oversight Activities: We may disclose your PHI to an oversight agency for activities like audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your PHI if we get a court or administrative order. We may also disclose health information about you if we get a subpoena, discovery request, or other lawful process instituted by someone else, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors to allow them to carry out their duties.

Organ or Tissue Procurement Organizations. We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Fundraising. You may opt out of fundraising communications at any time.

Correctional Institution. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other people.

To Avert a Serious Threat to Health and Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence Activities and Protective Services for the President and Others. We may release PHI about you to federal officials for intelligence.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law. If you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Other uses and disclosures. These may be made only with your written authorization and include, but are not limited to: Most uses and disclosures of psychotherapy notes; Uses and disclosures of PHI for marketing; Disclosures that involve sale of your PHI; Payment for products and services; Healthcare operations. You may revoke your authorization by notifying us as described in Section C.

Your filled prescription contains PHI. We will use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of PHI.

SECTION B: Your PHI RIGHTS: You may ask us to restrict uses and disclosures of your PHI to carry out treatment, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care. However, *we are not required to agree to your request if we think it is unreasonable.* If you want us to restrict uses and disclosures, please request this in writing and let us know the information to be restricted, (ii) the type of restriction being requested (for example, on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply.

You have the right to request the following with respect to your PHI: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, disclosures to you, disclosures to your caregivers, for notifications otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

You may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request please contact, in writing:

Wells Specialty Pharmacy, Inc. Attn: Privacy Officer, 3796 Howell Branch Rd, Winter Park, FL 32792 (855) 474-2763

You have the right to get notice of a security breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. "Unsecured Protected Health Information" is PHI that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- a short description of what happened, the date of the breach and the date it was discovered;
- the steps you should take to protect yourself from potential harm from the breach;
- the steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website or in a major print or broadcast media.

If you are paying for your prescriptions yourself, and not claiming reimbursement from your insurance company, you may ask that we not disclose your PHI to your insurance company. We are required to honor that request. If you are a minor who has lawfully provided consent for treatment and you wish for Wells Specialty Pharmacy, Inc. to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a staff member, pharmacist or the Privacy Officer. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section C or to the: Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

SECTION C: Contacting Us

You may contact us for further information at:

Wells Specialty Pharmacy, Inc. Attn: Privacy Officer, 3796 Howell Branch Rd, Winter Park, FL 32792 (855) 474-2763



Acknowledgement Receipt of Notice of Privacy Practices

Enclosed you should have found a copy of our Notice of Privacy Practices (NOPP) provided to you as required under federal HIPAA guidelines.

Wells Specialty Pharmacy needs to have your signature on file indicating that you have received a copy of our privacy practices. Please read the following statement and complete the section below. Please print clearly using blue or black ink only

I certify that I have received a copy of the Notice of Privacy Practices for Wells Specialty Pharmacy. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information (PHI) that might occur regarding my treatment, payment of my bills or in the performance of Wells Specialty Pharmacy’s healthcare operations. The Notice of Privacy Practices also describes my patient rights and the responsibilities of Wells Specialty Pharmacy with respect to my protected health information.

Printed Name of Patient _____ Date of Birth (mm/dd/yyyy) _____



Signature Patient or Legal Representative _____

Description of relationship with Legal Representative Authority _____ Date _____

Please Return to us using one of the following methods:

1. **Scan & Email to:** NOPP@WellsSpecialtyPharmacy.com
2. **Fax to:** (407) 675-4600
3. **Return via US Mail to** (with appropriate postage):

**Wells Specialty Pharmacy
Attn: Privacy Officer
3796 Howell Branch Road, Winter Park, FL 32792**

** If you have returned this form to Wells Specialty Pharmacy within the last 12 months, you do not need to resubmit again. Otherwise please help us update your records.*

**Customer Service: (855) 474-2763
Monday – Friday from 9am – 5pm EST**

- Questions or concerns about our privacy practices
- Obtain a copy of our privacy notice
- Request restrictions on the release of your PHI
- Revoke an authorization or file complaint

NOPP_Form_2018

