ILLINOIS CANCER SPECIALISTS (ICS) PHARMACY

WELCOME BOOKLET

Contents

Welcome to Illinois Cancer Specialists (ICS) Pharmacy 2

About ICS: Vision, Mission, Core Values… 3

Pharmacy Information: Location, Contact information, Hours of operation, Website..... 3

After Hours Support Services 4

Pharmacy Services.....4

Satisfaction/Complaint/Grievance Procedure.....6

Patient Bill of Rights and Responsibilities 6

Notice of Privacy Practices 7

Welcome to Illinois Cancer Specialists Pharmacy. We appreciate the opportunity to serve you with all your specialty pharmacy needs.

Our primary goal is to provide exceptional quality care. Our Pharmacy team understands that complex and rare conditions require a higher level of care and support. We will work collaboratively with you, your physicians, and your family to make sure you have access to your specialty medications to help manage your complex medical condition.

By entrusting your care to our pharmacy team, you can expect:

- **Personalized Patient Care**
    - Our pharmacy team collaborates with your providers directly to ensure you receive premium care coordination. They provide new therapy counseling and detailed instructions on how to take your medication correctly. They ensure timely and continual care by providing support services including refills and side effect management.
- **Benefits Coordination Support**
    - Our Patient Benefit Representative will help you navigate your medical and prescription insurance benefits. We will do insurance verification, fulfill prior authorization requirements, and obtain copay assistance or financial assistance when necessary.
- **Excellent Service**
    - Our team member will contact you for a refill reminder to ensure you have medication on hand before you run out of your existing supply. We offer fast, free, and convenient prescription delivery service either to your home OR to the Physician's office at the time of your next appointment. We provide 24/7 support with access to patient care specialists.

Thank you for choosing us for your pharmacy needs. Our only care is you. We look forward to serving you.

Sincerely,

Your Illinois Cancer Specialists Pharmacy Team

Pharmacy Mission: To deliver on the promise of providing safe and patient-centered pharmacy care in an atmosphere of professionalism, compassion, and respect.

Pharmacy Vision: To improve the health and quality of life for all patients with expanded access to a high-quality specialty pharmacy.

Pharmacy Core Values: **I**ndividual Patient-Centered Care, **C**ompassion, and **S**ervice

Website: www.OurOnlyCareisYou.com

PHARMACY INFORMATION

NILES	Address: 8915 W Golf Rd, Suite 128, Niles, IL 60714 Pharmacy Phone: 847-954-3480 Fax: 847-827-1574 Practice Phone: 847 827 9060 Toll Free:844-427-7054 Hours of Operation: Monday - Friday: 8:30 AM – 5:00 PM Saturday - Sunday: Closed Pharmacy will be closed on major holidays
ELGIN	Address: 1710 N Randall Rd, Suite 300, Elgin, IL 60123 Phone: 847-931-0909 Fax: 847-488-9596 Toll Free:844-427-7054 Hours of Operations: Monday - Friday: 9:00 AM – 5:00 PM Saturday - Sunday: Closed Pharmacy will be closed on major holidays
CHICAGO	Address: 7447 W Talcott Ave, Suite 1, Chicago, IL 60631 Phone: 773-774-0042 Fax: 773-774-2008 Toll Free:844-427-7054 Hours of Operation: Monday - Friday: 8:00 AM – 4:00 PM Saturday - Sunday: Closed Pharmacy will be closed on major holidays

ILLINOIS CANCER SPECIALISTS

AFTER HOURS SUPPORT

If you have any questions outside of our normal business hours, please feel free to leave a message on our confidential voicemail. Our team member will get back to you.

Our patients have access to medical and pharmacy support from our patient care specialists 24 hours a day, 365 days a year. Just dial our normal practice number.

In case of an emergency, please call 911.

PHARMACY SERVICES

Prescription Processing and Billing:

We work closely with your provider to ensure your prescription gets filled in a timely manner.

Your provider will send an electronic prescription to our physician-owned pharmacy. Our dedicated and experienced Patient Benefits Representative will review your insurance coverage and help determine possible eligibility for prior authorization, copay cards, grants, and/or any financial assistance.

Once that is completed your prescription will be processed through your insurance and filled by our experienced pharmacist. You will be responsible for co-payments if any. Payment is expected at the time of service.

In the event our pharmacy cannot fill your medication, we will assist in transferring the prescription to another pharmacy to ensure the continuity of your care.

Filling your prescription with ICS pharmacy is optional. Please let us know if you would like to use another specialty pharmacy, and we will assist you with the transfer of your prescription.

Medication Counseling:

Once the prescription is ready, our pharmacy will contact you regarding medication counseling and help coordinate delivery of your prescription to either your clinic or directly to your home. You may also choose to pick it up in person from our pharmacy.

Our pharmacist will provide counseling on how to properly take the medication, side effect management, medication storage, handling and reporting adverse drug reactions, proper disposal of medication, and any other relevant information regarding the medication. They will answer any other questions you may have regarding your medication therapy.

Refills:

Please call the pharmacy to obtain a refill or to check the status of your prescription. Please contact us at least five days before you run out of your medication supply to prevent unnecessary delays in filling your prescription.

We will make every effort to call you ahead of time to refill your prescription to set up a delivery.

Disposal of Medication:

Please follow any specific disposal instructions on the drug label or patient information that accompanies the medication if you have a medication that is no longer needed. Please reach out to us if you need the instructions on proper disposal of your medications.

Prescription Delivery:

ICS pharmacy offers delivery service for your medication. We ship Monday through Friday for free of charge via FedEx. Signature confirmation will be required upon receipt of your medication. We do not ship to a PO Box.

If your medication(s) require special handling or refrigeration, they will be packed and shipped accordingly. We make every effort to deliver your medication early if a weather or other disaster warning is in place.

Please give us your secondary contact information to ensure we can reach you in case of an emergency or any delivery delay.

Interpreter Services:

An interpreter service is available if you are deaf, hearing impaired, or if English is not your primary language. There are special services available if you are visually impaired.

Disaster Preparedness:

Our team members are on standby and ready to assist in emergency situations to ensure you have your medication in the event of a natural disaster or other emergency. Our pharmacy will make every effort to minimize interruptions or delays in your prescription therapy. Feel free to call our pharmacy line and let our team know how you are and where we can reach you during the emergency for any prescription needs.

Adverse Event Management:

Reach out to our pharmacy staff if you need assistance in managing any adverse event. Our clinical team will guide you on how to handle medication-related side effects or any adverse event.

ILLINOIS CANCER SPECIALISTS

SATISFACTION/COMPLAINT/GRIEVANCE PROCEDURE

You have the right and responsibility to express concerns, satisfaction and dissatisfaction or make complaints about services you do or do not receive, without fear of reprisal, discrimination, or unreasonable interruption of services.

You may call us at the Pharmacy number and speak with the pharmacy staff on duty or initiate a formal grievance in writing and forward it to our office.

We have a formal grievance procedure that ensures that your concerns/complaints will be reviewed and that an investigation will be started when a concern/complaint is received. You can expect to receive a timely response from one of our pharmacists or practice manager.

You may also contact the Illinois Department of Public Health Hotline at 800-252-4343 (M-F 8:30 AM-4:30 PM), Illinois Department of Financial and Professional Regulation (IDFPR) hotline at 312-814-6910 and/or the Accreditation Commission for Health Care (ACHC) at 855-937-2242.

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient, you have the right to:

- Be fully informed of your responsibilities related to participation in your care and treatment.
- Receive an explanation of your diagnosis, benefits of treatment, alternatives, recuperation, risks, and an explanation of consequences if treatment is not pursued.
- Receive information regarding all services provided by ICS, including the scope and limitations of services, the disciplines furnishing care, the frequency of services or visits, the days and hours of operation, applicable rules and regulations, and provisions for emergency care, including contact information.
- Choose your own physician/caregiver, know the name, status, and qualifications of the staff involved in your care, and be able to identify personnel through proper identification.
- Participate in the development, periodic review, and revision of your plan of care; be fully informed in advance of the care and services to be provided, including any changes to the plan of care; and receive information regarding Advance Directives
- Refuse treatment, care, participation in any protocol, investigational study, or aspect of care, and freely withdraw previously given consent after being informed of the potential consequences of such decisions.
- Disclosure of any teaching programs, or research of experimental programs in which the facility is participating.
- Receive a financial explanation and estimated cost of care, including your financial responsibility, prior to the initiation of treatment or services.
- Receive expert, professional care without discrimination, regardless of age, creed, color religion, national origin, sexual preference, or handicap
- Be treated with courtesy, dignity, and respect for your personal privacy by all employees of ICS.
- Be free of physical/mental abuse and/or neglect by all employees of ICS
- Voice complaints, grievances, or recommendations regarding care, treatment, personnel, services, or organizational policies without restraint, interference, coercion, discrimination, or retaliation, and have such complaints investigated in accordance with organizational policies.

- Access your personal records, obtain copies upon written request, and be informed of the organization's policies and procedures regarding the use, disclosure, and release of clinical records and Protected Health Information (PHI).
- Assistance and consideration in the management of pain.
- Be informed of financial benefits when referred to ICS-owned pharmacies or dispensaries.

As a patient, you have a responsibility to:

- Disclose accurate and complete information of your physical condition, hospitalizations, medications, allergies, medical history, and related items.
- Participate in developing a plan of care, advance directives and living will.
- Assist in maintaining a safe, peaceful, and efficient ambulatory environment.
- Provide new/changed information related to your health insurance to the business office.
- Contact ICS when unable to keep a scheduled appointment.
- Cooperate in the planned care and treatment developed for you.
- Request more detailed explanations for any aspect of service you do not understand.
- Inform your physicians and nurses of any changes in your condition or any new problems or concerns.
- Communicate any temporary or permanent changes in your address or telephone number which might hinder contact by the staff.
- Relate your levels of discomfort and/or pain and perceived changes in your pain management to your physician.
- Communicate to the pharmacy staff if you have recently initiated any new medications not filled at the ICS Pharmacy.

NOTICE OF PRIVACY PRACTICES

Effective Date: February 13, 2020

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.

About Us

In this Notice, we use terms like “we,” “us,” “our” or "Practice" to refer to Illinois Cancer Specialists, its physicians, employees, staff, and other personnel. All the sites and locations of Illinois Cancer Specialists follow the terms of this Notice and may share health information with each other for treatment, payment or health care operations purposes and for other purposes as described in this Notice.

Purpose of this Notice

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities

We are required by law to maintain the privacy of your health information and to provide you notice of our legal duties and privacy practices with respect to your health information. We are also required to notify you of a breach of your unsecured health information. We will abide by the terms of this Notice.

How We May Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information without your written authorization:

For Treatment: We may use and disclose your health information to provide you with medical treatment or services. For example, your health information will be shared with your oncology doctor and other healthcare providers who participate in your care. We may disclose your health information to another oncologist for the purpose of a consultation. We may also disclose your health information to your primary care physician or another healthcare provider to be sure they have all the information necessary to diagnose and treat you.

For Payment: We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used during treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment

For Health Care Operations: We may use and disclose your health information to support our business activities. These uses and disclosures are necessary to run the Practice and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information

Individuals Involved in Your Care or Payment for Your Care and Notification: If you verbally agree to the use or disclosure and in certain other situations, we will make the following uses and disclosures of your health information. We may disclose to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care, health information relevant to that person's involvement in your care or paying for your care. We may also make these disclosures after your death.

We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your physical location within the Practice, general condition, or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

We are also allowed to the extent permitted by applicable law to use and disclose your health information without your authorization for the following purposes:

As Required by Law: We may use and disclose your health information when required to do so by federal, state, or local law.

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

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your health information within 72 business hours, within limitations, to law

enforcement officials for several different purposes:

- To comply with a court order, warrant, subpoena, summons, or other similar processes.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime, if the victim agrees or we are unable to obtain the victim's agreement.
- About a death we suspect may have resulted from criminal conduct.
- About criminal conduct we believe in good faith to have occurred on our premises; and
- To report a crime not occurring on our premises, the nature of the crime, the location of the crime, and the identity, description and location of the individual who committed the crime, in an emergency.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability.
- To report birth or death.
- To report child abuse or neglect.
- Activities related to the quality, safety or effectiveness of FDA-regulated products.
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

Serious Threat to Health or Safety: If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information to someone able to help prevent the threat or as necessary for law enforcement authorities to identify or apprehend an individual.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle procurement, transplantation or banking of organs, eyes, or tissues.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Military and Veterans Activities: If you are a member of the Armed Forces, we may disclose your health information to military command authorities. Health information about foreign military personnel may be disclosed to foreign military authorities

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law

Protective Services for the President and Others: We may disclose your health information to authorized federal officials so they may provide protective services for the President and others, including foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing your health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: We may use and disclose your health information for certain research activities without your written authorization. For example, we might use some of your health information to decide if we have enough patients to conduct a cancer research study. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

Other Uses and Disclosures of Your Health Information that Require Written Authorization:

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. Some examples include:

Psychotherapy Notes: We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations

Marketing: We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.

Sale of Your Health Information: We may sell your health information only with your written authorization

If you authorize us to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by your revocation, except to the extent that we have acted in reliance on your authorization.

Your Rights Regarding Your Health Information

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

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or healthcare operations. In most circumstances, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing and submit it to **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.** We are required to agree to a request that we restrict a disclosure made to a health plan for payment or health care operations purposes that is not otherwise required by law, if you, or someone other than the health plan on your behalf, paid for the service or item in question out-of-pocket in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.** We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us and submitting it to **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.** You may request access to your medical information in a certain electronic form and format if readily producible or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit a copy of your health information to any person or entity you designate. Your written, signed request must clearly identify such

designated person or entity and where you would like us to send the copy. If you request a copy of your health information, we may charge a cost-based fee for the labor, supplies, and postage required to meet your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.**

We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us that will become part of your medical record.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.** Your request must state a time which may not be longer than six years, and which may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accounting, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please ask or contact the Practice Manager or Office Manager at any Illinois Cancer Specialists site. You may also obtain a paper copy of this Notice at our website, www.illinoiscancerspecialists.com

Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the waiting area. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available at our website, www.illinoiscancerspecialists.com.

Complaints

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to: **Andrew Wegner, Privacy Official, 1100 E. Woodfield Road, Suite 435, Schaumburg, IL 60173.** You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

Questions

If you have questions about this Notice, please contact Andrew Wegner, Privacy Official at (847)585-7093.