



**STAY WELL
WITH US.
MORE THAN A
SCRIPT**

HOMETOWN

HEALTH  SYSTEM



**REVOLUTIONIZING
HEALTHCARE. ONE
HOMETOWN AT A
TIME.**

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THE PASSION THAT DRIVES OUR CARE

ABOUT US

When we opened the doors to our retail pharmacy in 2019, our goal was about going above for every person that walked through our doors. It was about treated every person as a person, our neighbors, our family, and friends. Regardless of where you come from, what you look like, we want to care for you and provide exceptional care services to everyone in our Hometown.

Our roots and passion are unwavering, and expanded vision is simple. To Revolutionize Healthcare. One Hometown at a time.

MISSION

Our mission is to come alongside patients, providers and facilities to provide an innovative, comprehensive care plan that works to give exceptional care, break cycles of brokenness and promote real and lasting change.

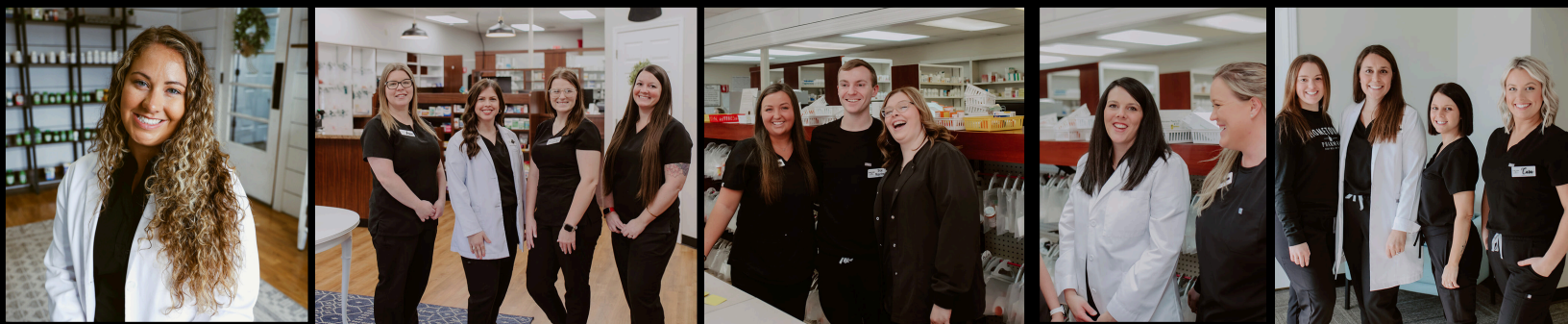
VISION

Our vision for comprehensive care goes beyond filling prescriptions but truly seeks to help the whole person - mind, body and soul. Our vision is health care REFORM across our state and beyond.



FOUNDERS OF HOMETOWN HEALTH SYSTEM

MeLeigha Milby, PharmD & Nelda Eads, PharmD



Welcome to Hometown Specialty Pharmacy

Our clinical pharmacy team has achieved the Gold Standard URAC Specialty Pharmacy Accreditation, as well as the ACHC Specialty Pharmacy Accreditation. We are one of the only private, family-owned pharmacies in the state of Kentucky with these accreditations.

Each facility and provider we collaborate with will have the ability to streamline our processes to fit the practice setting. Each site will be paired with their own **clinical pharmacist** and **patient care coordination team**. Hometown Specialty Pharmacy will integrate an individualized treatment plan by customizing their therapy outcomes through a collaborative healthcare provider team set up by their patient care coordinator.

LOCATION

3200 New Columbia Road
Campbellsville, KY 42718

HOURS OF OPERATION

Monday – Friday 9AM – 5PM EST
Closed 1PM – 1:30PM EST for a meal break
(Closed on weekends and holidays)

HOW TO CONTACT US

Phone: (270)-937-9008

Fax: (270)-937-9009

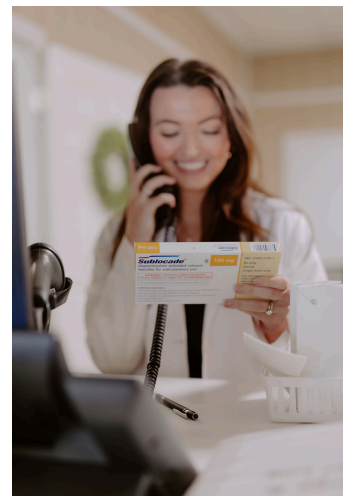
Email: rwright@htspecialtyky.com

Website: www.hometownspecialtypharmacy.com

AFTER HOURS SERVICE

Hometown Specialty Pharmacy does not replace your local emergency services. **In case of a medical emergency, please call 911 or seek your local emergency department.**

We offer 24/7 pharmacist support. If you have clinical questions or concerns during normal business hours, please call (270) 937-9008. After business hours, if you have an urgent clinical question or concern that needs to be addressed before the next business day, please call (270) 937-9008 and follow the prompts to reach the on-call pharmacist.



Our Services

Patient Management Program

At Hometown Specialty Pharmacy, you gain access to our specialized patient management program. This service provides you with direct support to help manage a variety of specialty medication therapies including, but not limited to:

- Substance Use Disorder
- HIV
- Hepatitis
- Dermatology
- Antipsychotic Therapies
- Immune Disorders
- Rheumatoid Arthritis

Program Benefits and What to Expect

- 24/7 Clinical support for specialty medications
- Helping you know how and when to take your medication
- We will work closely with your provider, monitoring your response to therapy to help you achieve your goals.
- Advice on how to manage and cope with possible side effects
- Working with your prescriber to address any concerns
- Be contacted by our dedicated staff who will answer questions and will ensure that you have access to your medication.
- We will conduct a medication review including all prescription, over the counter/supplement medications that you take.
- We will screen for drug and disease state interactions.
- We will partner with your health care providers, manufacturers and foundation support systems to ensure you receive all financial assistance available to you.

Program Limitations

- Lack of response by patient to outreach calls
- Inaccurate or insufficient health information provided to the pharmacy
- Patient not taking their medication as instructed

There is no cost for this service and your participation is voluntary. Although participation is highly encouraged, you can choose to opt-out of this service at any point during your therapy. To optout, just notify a staff member by calling the pharmacy at (270) 937-9008 or by mailing back the completed opt-out form to:

Hometown Specialty Pharmacy
3200 New Columbia Road
Campbellsville, KY 42718



Your Prescription Process

New Prescriptions

Hometown Specialty Pharmacy works with your provider to receive and request new prescriptions. Generally, your health care provider will electronically send your prescription to our pharmacy. Your doctor may also choose to fax or call to give us the prescription by phone. We can contact your provider when you are in need of a new prescription at your request or when you are out of refills. We can also transfer your prescription from another pharmacy. If you have a prescription currently at a different pharmacy and would like to have it filled with us, please call our pharmacy and we will start the transfer process.

Refills

To obtain a refill, you can call and speak to a member of our pharmacy staff during business hours. Refills can also be requested through our website: www.hometownspecialtypharmacy.com

Reminders of your refill will occur a few days ahead of when your medication is scheduled to run out. This reminder will check on your progress, answer any questions and schedule your next delivery.

Status Updates

The pharmacy has a variety of ways for you to know the status of your prescription. You may call the pharmacy and speak to a staff member during business hours to get detailed information on the progress of your prescription. The pharmacy can provide automated text and phone calls to notify when your prescription is ready. You may also choose to use our automated service to confirm that your prescription is ready for pickup.

Insurance and Prior Authorizations

Hometown Specialty Pharmacy accepts and bills most insurance companies. Often times, insurance will require extra approval steps to be taken for the medication to be filled. These extra steps are called a prior authorization and could require additional documentation from your provider. The pharmacy will work directly with your provider on the best approach to get the medication approved.

Prescription Cost

The pharmacy will bill insurance on your behalf however you may still owe a portion of the cost. This portion is called a copay and will need to be received prior to you receiving your medication. If you have an out of pocket cost, the pharmacy will make you aware of the exact amount you need to pay. The pharmacy will also make you aware if you have insurance that is out of network with our pharmacy and provide you with the out of network cost. The pharmacy can also provide you with the cash price of the medication.



Patient Assistance

If your medication is unaffordable, we will look into and work with additional financial support resources that could help lower the cost of your medication. These options include manufacturer programs, foundation support, grants, and co-payment cards.

Medication Substitution

As required by law, the pharmacy is required to dispense the lowest priced generic drug in stock that is therapeutically equivalent to the one prescribed for you by your doctor unless your doctor does not approve. If you have questions, you may ask the pharmacist.

Medications Not Available and Medication Transfers

Hometown Specialty Pharmacy has access to most specialty medications. However, there may be instances where we are not able to obtain a medication for a variety of reasons including back orders, distribution issues, or other restrictions. If these circumstances occur, we will work with you and another pharmacy to transfer your prescription so that it may be filled. If there is not another pharmacy available to fill the medication, we will work with you and your provider on finding an alternative solution.

If for any reason our pharmacy can no longer service your prescription, a pharmacist will transfer your prescription to another pharmacy of your choice. We will inform you of this need to transfer care if necessary.

Medication Pick-up and Delivery

Our team offers a couple different ways for you to receive your medication.

- Pick-up in person at Hometown Specialty Pharmacy during business hours.
- Overnight shipping.

Shipping is free of charge, however payment is required for any medication cost before the delivery is scheduled. All medication deliveries will require signature of receipt; we will coordinate delivery to your home or at an approved alternate location at your request. All medication requiring special handling or refrigeration will be packaged and shipped accordingly. If you are not available or miss the delivery, please let us know so that we can coordinate with the shipping service to reschedule. In the case of a predicted severe weather event that could delay delivery, a member of the pharmacy staff will attempt to contact you with instructions including the possibility of an earlier shipment.



Support and Information

The pharmacy will provide you with various tools to help you achieve your therapy goals and understand your medication. This may include education material, supplies, counseling, etc. Additionally, if at any time there is more information that you would like to know regarding your therapy or if we can help answer questions you can contact us by phone or email. A pharmacist is available 24/7 for clinical needs.

You may also find more information on our website: hometownspecialtypharmacy.com

When should I contact Hometown Specialty Pharmacy?

- Your address, telephone number or insurance information has changed
- You have any questions regarding the status of your prescription
- You have concerns regarding how you take your medication
- You need to reschedule or check the status of your delivery
- To start or stop a medication or if your dose changes
- You have a reaction or allergy to your medicine
- You would like additional information regarding your plan for therapy
- If you suspect an error in shipping or dispensing has occurred
- If you notice your medication has been recalled by the FDA
- You need information on what to do if you miss a dose of your medication
- Helping you get access to medications during an emergency or disaster
- Providing you with information including educational and financial resources



Medication Recalls

When a medication is recalled, we will take the following steps:

- Review inventory and records to see if medication is stocked
- Quarantine any stocked medication
- Follow steps recommended by the FDA and manufacturer with documentation of completed steps
- If necessary, contact and provide instruction to any patient that could have potentially received a recalled medication and contact the prescriber.

Adverse Reactions

If you feel that you are experiencing a serious adverse reaction, please seek your local emergency room or dial 911. Contact the pharmacy the next business day or as soon as possible to inform our staff of the reaction so that we can document and help with next steps in therapy.

Symptoms of adverse reaction may include:

- Shortness Breath/Difficulty breathing or wheezing
- Skin Rash or Hives
- Swelling
- Difficulty Swallowing

Medication Errors

If you have issues with your medication, pharmacy services, delivery, or any other issue related to the services provided by Hometown Specialty Pharmacy, please contact the pharmacy as soon as possible and ask to speak to a pharmacist. Medication errors are serious and need to be addressed as soon as they are discovered.

Drug Disposal

Properly disposing of unused medication is important for several reasons.

- Protects children/pets from poisoning
- Prevents health issues from taking expired medication
- Helps prevent misuse by teens and adults
- Protects the environment and water systems

Drug take-back programs and prescription drug disposal locations are the best way for you to get rid of unused medication. When that is not possible, the Food and Drug Administration has instructions on how to properly get rid of your medication. For locations and information on how to properly dispose of unused medication, please contact Hometown Specialty Pharmacy or follow the guidance on the below websites:

<https://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx>

<https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>



Disposal of Biomedical Waste

Special care should be given to any syringe, lancet, or needle used in the home to either inject medication or draw blood. Steps should be taken to protect you and others from injury, and to keep the environment safe and clean. Ask the pharmacist about sharps containment.

Sharps

After using injectable medications, place all needles, syringes, lancets, and other sharp objects into a sharp's container. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce top with heavy-duty tape. Do not use clear plastic or glass containers. Clearly label household sharps containers with "DO NOT RECYCLE" and "SHARPS" Do not fill containers more than 3/4 full. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet.

Needle-Stick Safety

- Plan on safe handling and disposal before using
- Never replace the cap on needles
- Throw away needles immediately after use in sharps disposal container
- Do not use a needle more than once
- Keep out of reach from children and pets
- Report all needle sticks or sharps-related injuries to your physician

Handwashing

Infections are serious. Often and proper hand washing is the best way to prevent infections.

WASH YOUR HANDS:

- Before and after taking your medication
- After using the bathroom
- Before eating or preparing food
- After touching garbage
- After touching animals
- Before and after being around someone who is sick

HOW YOU SHOULD WASH YOUR HANDS:

- With soap
- Under warm running water
- For a full 20 seconds
- Wash back of hands and wrist
- Wash between fingers and under nails
- Rinse thoroughly
- Use disposable towels to dry
- If water is unclear or unavailable, hand sanitizer should be used



Emergency Preparedness Information

It is important to know what to expect during a disaster. The staff at Hometown Specialty Pharmacy are available 24/7 to answer your questions and have developed an extensive emergency plan to support your needs and ensure that you have no gaps in therapy.

How to Reach Us?

We can be reached at (270) 937-9008. If after hours, please follow the prompts to reach the pharmacist on call.

If the pharmacy must close due to a disaster, we will provide instructions on how to be contacted on our voicemail or website.

What we will do:

- Contact you in advance of expected severe weather conditions to make sure you have the medications you need.
- Reschedule shipments if severe weather is expected that could alter your delivery.
- Have a pharmacist available 24/7 to answer questions even if the pharmacy is closed.
- If necessary, transfer your prescription to an appropriate pharmacy that can supply your medication.

What you can do:

- If required to evacuate during an emergency, please remember to take your medication with you. If your medication is refrigerated, place your medication in a cooler with ice. When possible, let us know your location and updated contact information so that we can coordinate any changes in delivery if needed.
- It is also important to maintain up to date local emergency system contact information. This includes your local fire department, local law enforcement, health department and local utility companies.

Additional Resources:

- FEMA: <https://www.fema.gov/locations/kentucky>
- American Red Cross: <https://www.redcross.org/find-your-local-chapter.html>



Concerns and Complaints

The Hometown Specialty Pharmacy grievance policy supports your right to complain and obtain a timely resolution. You have the right to express your concern, dissatisfaction, or complaint about services you receive or fail to receive without fear of repercussions or unreasonable interruption of services.

You may inform us of your comments in the following ways:

- Call us at (270) 937-9008. Please ask to speak to a pharmacist.
- Email us at rwright@htspecialtyky.com
- Mail in a completed complaint form to the pharmacy.

Our pharmacy follows a formal process to ensure that your concerns and suggestions are taken seriously. All claims are investigated promptly and we'll make every attempt to resolve all grievances within 14 days. You will be notified of the resolution verbally or in writing. If more time is needed to resolve your concern, we will notify you verbally or in writing.

If the pharmacy staff is unable to resolve your complaint to your expectation, you may escalate your concern to a Hometown Specialty Pharmacy Patient Advocate at (270) 937-9008. If you are still not satisfied you may reach any of the following.

- Kentucky Board of Pharmacy:
<https://pharmacy.ky.gov/Pages/Grievance-Process.aspx>
502-564-7910

- Accreditation Commission for Healthcare (ACHC):
<https://www.achc.org/contact/>
855-937-2242

- Utilization Review Accreditation Commission (URAC):
<https://www.urac.org/contact/file-a-grievance/>
202-216-9010

- Medicare:
1-800-MEDICARE

Patient Diversity, Equity, and Inclusion

Hometown Specialty Pharmacy embraces and respects the unique identities, backgrounds and experiences of all of our patients and customers. We are committed to providing equitable access to healthcare services and creating a welcoming environment for everyone. Our staff is dedicated to finding tailored accommodations for all of our patients including; cultural needs, communication preferences, etc.

Please share with us on how we can make your experience more comfortable and aligned with your needs.



Patient Rights and Responsibilities

As a patient of Hometown Specialty Pharmacy you have the following rights and responsibilities. If you feel any of these rights have been violated, please contact the Specialty Pharmacy Manager at (270) 937-9008.

Patient Rights

- 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, in advance of care/service being provided and their financial responsibility
- 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 patient's rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of 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 patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician*, if applicable
- Receive appropriate care without discrimination in accordance with physician's* orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

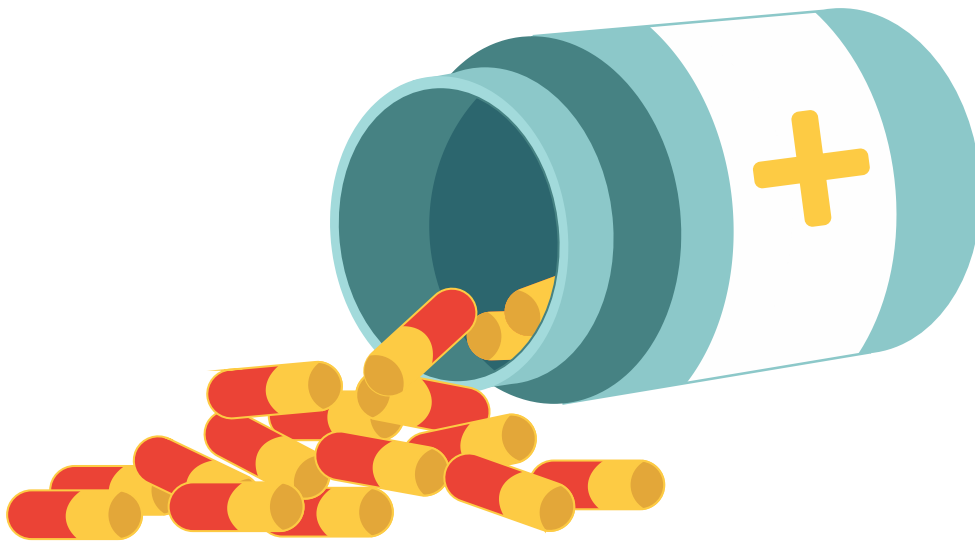


Patient Responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and any changes
- Notify the treating provider of participation in the services provided by the organization
- Maintain any equipment provided, if applicable
- Notify the organization of any concerns about the care or services provided
- Meet financial commitments necessary by providing accurate information for insurance processing and when necessary arranging payment.
- Be available to receive and coordinate medication deliveries, if applicable.

Patient Management Program Rights and Responsibilities

- The right to have personal health information shared only in accordance with state and federal law
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- The right to speak to a health professional
- The right to receive information about the patient management program
- The right to decline participation, or disenroll, at any point in time
- The responsibility to Give accurate clinical and contact information and provide notification when there is a change
- The responsibility to Notify the treating prescriber of their participation in the patient management program



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HOMETOWN SPECIALTY PHARMACY is dedicated to protecting your protected health information ("PHI"). We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. HOMETOWN SPECIALTY PHARMACY is required by law to abide by the terms of the Notice that is currently in effect.

HOW YOUR PROTECTED HEALTH INFORMATION WILL BE USED AND DISCLOSED:

HOMETOWN SPECIALTY PHARMACY will ask you to sign a consent form that allows HOMETOWN SPECIALTY PHARMACY to use and disclose your PHI for treatment, payment and health care operations. You will also be asked to acknowledge receipt of this Notice.

Treatment: We may use and disclose your PHI for treatment purposes to doctors, nurses, technicians, and other caregivers. Your PHI may be used to order diagnostic tests, choose appropriate drugs and determine your treatment plan. If permitted to so do, we may also disclose your PHI to individuals or facilities that will be involved with your care after you leave HOMETOWN SPECIALTY PHARMACY and for other treatment reasons. Your PHI may also be used in an emergency situation.

Payment: We may use and disclose your PHI so that the services we provide may be billed and payment be collected from you, an insurance company or a third party. This includes cellular, home and work phone numbers. For example, if a patient fills a prescription at our pharmacy, we will disclose the prescription information to the insurance plan so that they will pay us for the services/medication provided. We may also tell a patient's health plan about a previous therapy in order to obtain prior approval or to determine whether the patient's plan will cover a prescription.

Health Care Operations: We may use and disclose your PHI to support our health care operations. For example, we may use or disclose your medical information in order for us to review the quality of our services, to evaluate our staff's performance or to perform general administrative activities of HOMETOWN SPECIALTY PHARMACY. WE MAY ALSO USE AND/OR DISCLOSE YOUR PHI IN ACCORDANCE WITH FEDERAL AND STATE LAWS FOR THE FOLLOWING PURPOSES:

Business Associates: There may be some services provided by our business associates, such as a transcription company, legal counsel, or billing company. HOMETOWN SPECIALTY PHARMACY may disclose your PHI to our business associate so that they can perform the job we have contracted with them to do. To protect your PHI, we require our business associates to enter into a written contract that requires them to appropriately use and safeguard your PHI.

Appointment Reminders: We may use and disclose PHI to contact you as a reminder that you have an appointment at HOMETOWN SPECIALTY PHARMACY. This includes your home, cellular and work phone numbers and your email address.

Treatment Options: We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.



Others involved in your healthcare: We may disclose your PHI to family members, other relatives or close friends when the medical information is directly relevant to that person's involvement with your care or payment for care. We ask if there is a particular member of your family or close friend that you wish to serve as your personal representative, you will inform us as early in your visit as possible. Likewise, if there should be anyone in particular that you do not want included in your medical treatment plan, that you will let us know that information as well. If you are unable to agree or object to such a disclosure, HOMETOWN SPECIALTY PHARMACY may disclose your PHI if it is determined that it is in your best interest based on your health care provider's professional judgment or if HOMETOWN SPECIALTY PHARMACY may reasonably infer that you would not object.

Notification: HOMETOWN SPECIALTY PHARMACY may use or disclose your PHI to notify a family member, a personal representative, or another person responsible for your care, of your location, general condition or death.

Public Health Activities: HOMETOWN SPECIALTY PHARMACY may disclose your PHI to a public health authority that is authorized by law to collect or receive information for purposes such as preventing or controlling disease, injury or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; or notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Disaster Relief: HOMETOWN SPECIALTY PHARMACY may disclose your PHI to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts. If you are unable to agree or object to such as disclosure, HOMETOWN SPECIALTY PHARMACY may disclose such information if it is determined that it is in your best interest based on our professional judgment or we can reasonably infer that you would not object.

Health Oversight Activities: HOMETOWN SPECIALTY PHARMACY may disclose your PHI to a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

Military and National Security Activities: HOMETOWN SPECIALTY PHARMACY may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. If you are a member of the armed forces, if required by law, HOMETOWN SPECIALTY PHARMACY may use and disclose your PHI as required by military command authorities of the Department of Veterans Affairs.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, HOMETOWN SPECIALTY PHARMACY may disclose your PHI in response to your authorization or a court or administrative order. HOMETOWN SPECIALTY PHARMACY may also disclose your PHI in response to a subpoena, discovery request or other lawful process if such disclosure is permitted by law.



Law Enforcement: We may disclose your PHI for certain law enforcement purposes if permitted or required by law. Examples include: to report emergencies or suspicious deaths, to comply with a court order warrant or similar legal process, or to answer certain requests for information concerning crimes.

Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to a coroner, medical examiner or a funeral director.

Organ Donation: If you are an organ donor, HOMETOWN SPECIALTY PHARMACY may disclose your PHI to an organ donation and procurement organization.

Research: We may disclose your PHI to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI or you provide authorization.

Public Safety: HOMETOWN SPECIALTY PHARMACY may use or disclose your PHI to prevent or lessen a serious threat to your health and safety or the health or safety of another person or to the public. Any disclosure, however, would be to someone able to help prevent the threat.

Worker's Compensation: HOMETOWN SPECIALTY PHARMACY may disclose your PHI as authorized by law relating to worker's compensation or similar programs.

Special Rules Regarding Disclosure of Psychiatric, Substance Abuse and HIV Related Information: For disclosures concerning PHI relating to care for psychiatric conditions, substance abuse or HIV related testing and treatment, special restrictions may apply. Certain mental health information and HIV related information may be protected by state law.

Minors: State law may provide for special use and disclosure rules for minors, especially with respect to certain treatments such as mental health, sexually transmitted diseases and reproductive services.

Abuse and Neglect: Federal laws and regulations do not protect any information about suspected abuse or neglect from being reported under state law to appropriate state or local authorities.

As Required by Law: We may disclose medical information about you when required to do so by federal, state or local law.

AUTHORIZATION: We will not use or disclose your medical information for any other purpose not covered by this Notice without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Hometown Specialty Pharmacy
3200 New Columbia Road
Campbellsville, KY 42718
270.937.9008



Marketing: A signed authorization is required for the use or disclosure of your PHI for a purpose that encourages you to purchase or use a product or service except for certain limited circumstances.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

RIGHT TO ACCESS, INSPECT AND COPY: You have the right to access, inspect and receive copies of your PHI that may be used to make decisions about your care. Usually, this includes medical and billing records. To request a copy of your medical record, please contact Hometown Specialty Pharmacy at 270-937-9008. We will respond to your request within thirty (30) days of the request or sixty (60) days if your medical information is not available on site. We shall be granted a thirty (30) day extension upon written notice to you providing the reason for the extension of time.

Fees: There may be a fee for copies of your record; you will be notified before any charges are applied. The patient's first requested copy is free; there will be a charge of \$1.00 per page for subsequent copies.

Denials: We may deny your request to inspect and/or receive copies of your medical information if it is not in writing and in other, very limited circumstances. You will receive a written notice of denial containing the reason for denial and the procedure for review. In some circumstances, another licensed health care professional chosen by HOMETOWN SPECIALTY PHARMACY may review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorneys' fees associated with a review of a denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

RIGHT TO AMEND: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, HOMETOWN SPECIALTY PHARMACY. In your written request, you must provide a reason that supports your request for amendment. If we approve your request, we shall make the amendment to your medical information, inform you that we have made the amendment, and make a reasonable effort to tell others that need to know about the change to your medical information.

Send request to:
Hometown Specialty Pharmacy
3200 New Columbia Road
Campbellsville, KY 42103



Denials: We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept for or by HOMETOWN SPECIALTY PHARMACY;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request for amendment is denied, we will provide you with a written statement of the basis for the denial and a description of how you may file a written statement of disagreement. If you do not file a statement of disagreement, you may request that your request for amendment and our written denial be provided with any future disclosures of your medical information.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made regarding medical information about you.

Exclusions: The list will not include: disclosures made for treatment, payment, or health care operations; disclosures made directly to you; disclosures authorized by you pursuant to a signed authorization; disclosures made for national security or intelligence purposes; and disclosures to correctional institutions and for other law enforcement purposes. Your request must include a time period, which may not exceed six (6) years prior to the date of the request. Your request should also indicate in what form, i.e., electronic or paper, you would like your request to be processed.

Electronic Health Record: An accounting of disclosures from the electronic health record related to treatment, payment or health care operations will be made only for the six (6) year period preceding the request.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care, like a family member or friend. You may request a restriction or revise a restriction of your PHI by providing a written request stating the specific restriction required. However, we are not required to grant your request unless it involves the disclosure of PHI to a health plan for purposes of carrying out payment or health care operations that pertains solely to a health care item or service for which HOMETOWN SPECIALTY PHARMACY has been paid out of pocket in full. If we do grant your request, we will comply with your request unless the information is needed to provide you emergency medical treatment. If restricted PHI is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and/or HOMETOWN SPECIALTY PHARMACY may terminate the restriction if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to PHI created or received after you have been informed of the termination.



RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your written request must specify how or where you wish to be **contacted**.

RIGHT TO PAPER COPY OF THIS NOTICE: You may request a paper copy of this Notice at any time. You may also obtain a copy of this notice on our website, hometownspecialtypharmacy.com. If you would like to inspect, amend or copy your medical information, receive an accounting of disclosures of your medical information, or to request a restriction on your medical information, please submit your request and reason in writing.

HometownSpecialty Pharmacy
3200 New Columbia Road
Campbellsville, KY 42718
270.937.9008

COMPLAINTS: You have the right to complain to us and/or the United States Department of Health and Human Services if you believe that we have violated your right to privacy. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us or to contact us for additional information about this Notice or our privacy practices, please contact:

Hometown Specialty Pharmacy
3200 New Columbia Road
Campbellsville, KY 42718
270.937.9008

REVISION OF NOTICE OF PRIVACY PRACTICES: We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice on our website and we will make paper copies of the revised Notice of Privacy Practices available upon request.

Questions? If you have questions regarding this notice, please contact the Specialty Pharmacy Manager at Hometown Specialty Pharmacy.



PATIENT MANAGEMENT PROGRAM OPT-OUT FORM

I, understand that I have the right to withhold or withdraw consent at any time to the Patient Management Program without affecting my rights to future care or treatment. My decision to opt out from the Patient Management Program will not affect other services I receive from Hometown Pharmacy Specialty Services.

I also understand that I can call the pharmacy at 270-937-9008 at any time if I want to be enrolled in the Patient Management Program.

By signing this waiver, I am opting out my enrollment to Hometown Pharmacy Specialty Services' Patient Management Program.

Patient Signature: _____

Date: _____



GRIEVANCE/COMPLAINT FORM

Complaint: Please use this form if you would like to submit a written concern.

Date _____ Time _____
Complainant Name _____ Patient Name _____ Relation _____
to Patient _____ Cell Phone Number _____
Address, City, State _____
Date Services Began _____ Date Problem Occurred _____

Please provide a brief and factual summary of your issue(s) with any information you feel may assist in our investigation. Please include as many details as possible, including dates and times of events that relate to your complaint, as well as names of persons who have information about the complaint and the names of any persons with whom you have discussed the events relating to the complaint, and your best recollection of the dates and times of any of these discussions.

Have you contacted the provider/accredited organization directly regarding your complaint?

YES: NO:

We strive to provide the highest standards of our services to meet your needs. If you have any concerns about your services received by Hometown Pharmacy Specialty Services, please call 270-937-9008. Within five (5) business days of receiving the concern, we will notify you that the complaint has been received. Within 14 days, we will provide you with written notification of the results. In the event you are dissatisfied with the results or feel your complaint remains unresolved, you may file a report with ACHC via their website (www.achc.org) or via phone (855) 937-2242, URAC via their website (www.urac.org) or via phone 202-216-9010 or the KY Board of Pharmacy via their website (pharmacy.ky.gov)

Thank you for your assistance in our continuing efforts to ensure quality specialty pharmacy services.

Sincerely,

Hometown Pharmacy Specialty Services



PATIENT SATISFACTION FORM

Date _____

Dear Patient,

It is our desire to provide you with the best quality services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and send back to us. Thank you.

Were your medications and/or products delivered on time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were your medications and/or products dispensed and delivered accurately?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the pharmacy training provided effective in educating you on your medication and/or products?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the educational materials and instructions provided to you adequate to educate you on the medications and/or products dispensed to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the pharmacy staff courteous and helpful?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were your financial responsibilities explained to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you receive advice or help from the pharmacy when needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the services provided make a positive impact on the outcome of your care and/or therapy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you recommend our pharmacy to your friends and family?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the services provided meet your needs and expectations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Patient Authorization and Plan of Service

Patient Name: _____

Insurance payment authorization: I request that Medicare and/or any other insurance plan that I have to make payments of authorized benefits on my behalf directly to Hometown Pharmacy Specialty Services for medications and/or products that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

Release of insurance information: I request my medical insurance plan(s) to release to the above-named pharmacy, any and all information which will assist in processing my claims for medications and/or products that I am receiving from the above-named pharmacy even after service to me is discontinued. I also authorized any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company, or the above-named pharmacy any information needed to determine the benefits that are payable for related services.

I understand if my insurance plan(s) makes payment(s) to me for medications and/or products that I have received, rather than directly to the above-named pharmacy, I agree to endorse those checks and send them immediately to the above-named pharmacy.

I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for a partial or complete waiver of any unpaid co-insurance charges only, under Hometown Pharmacy Specialty Services financial hardship program.

_____ (Initials) I acknowledge that I have been advised of my financial responsibility to Hometown Pharmacy Specialty Services.

I hereby agree that Hometown Pharmacy Specialty Services or any of its affiliates may contact me, or my authorized caregiver, by telephone at my place of residence.

I have reviewed and understand the information above. I have been instructed on and understand the use of the pharmaceuticals and products provided. I have received the products ordered. I have received a copy of a patient handout that contains: Patient Bill Of Rights and Responsibilities, HIPAA Privacy Notice, Emergency Planning, Home Safety, Infection Control, Making Decisions about Your Health Care, How to Place a Prescription Order, How to Obtain a Refill, How to Access Medications In Case of an Emergency or Disaster, How to Check on a Prescription Order, Information on Prescription Drug Substitutions, How to Transfer a Prescription to another Pharmacy, How to Obtain Medications Not Available at the Pharmacy, How to Handle Medication Recalls, How to Dispose of Medications, How to Handle Adverse Reactions and Grievance / Complaint Reporting.

I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the pharmacy's scope of services. I have received instructions on how to follow up with Hometown Pharmacy Specialty Services I understand that prescribed medications cannot be re-dispensed. Therefore, these items cannot be returned for credit.



I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call (270) 789-4663 and speak to customer services. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 14 working days or receipt. You may also make inquiries or complaints about this pharmacy by calling Medicare at 1-800-MEDICARE, the Accreditation Commission for Health Care (ACHC) at (919) 785-1214 and/or the Kentucky Board of Pharmacy at <https://pharmacy.ky.gov/Pages/Grievance-Process.aspx>.

Identified needs/problems: The patient may be unfamiliar with use of the medications and/or products provided.
Expected outcomes: The patient will be provided the medications and/or products to comply with the physician's prescription. The patient will use the medications and/or products as prescribed by the physician. The patient will know how to obtain follow-up services as needed.

PATIENT OR RESPONSIBLE PARTY SIGNATURE: X _____ DATE: ___ / ___ / ___

Please return the Patient Authorization and Plan of Service Form to Hometown Pharmacy Specialty Services. Thank you for choosing Hometown Pharmacy Specialty Services.





HOMETOWN

HEALTH  SYSTEM

For more information, contact our team or by scanning the QR code.
www.hometownspecialtypharmacy.com