Dear Valued Customer:

Thank you for choosing Publix Specialty Pharmacy as the specialty pharmacy provider for you or your loved one. We are committed to providing you with quality pharmaceutical products, with the exceptional customer service you deserve.

Please take a few moments to review the important information in this welcome packet, which explains our services and answers some frequently asked questions you may have about our services.

To ensure your privacy as well as to secure permission to bill your insurance company on your behalf, we have included some forms to be completed and returned to our billing department via the enclosed self-addressed envelope. These forms will help us provide accurate statements of your account, assist in processing your payments, and better understand your unique situations to resolve problems in an efficient manner. Please take the time to complete these forms and return them to our pharmacy today.

Please contact us at the customer service number below if we can assist you with any questions you may have about your delivery or our services. We sincerely appreciate the opportunity to serve you, and again, thank you for choosing Publix Specialty Pharmacy.

Publix Specialty Pharmacy Team
1-855-RxPublix (1-855-797-8254)
publix.com/specialty

PUBLIX PHARMACY
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ACCREDITED
Specialty Pharmacy
Expires 11/01/2019

IMPORTANT INFORMATION ABOUT YOUR ORDER

We value our customers and want to continue to provide excellent customer service. You can help us by verifying the accuracy of your shipments upon receipt. Please call your pharmacy team at 1-855-RxPublix (1-855-797-8254) to report any concerns or discrepancies.

THERAPY INFORMATION

The pharmacist is available at the number listed on the label of your medication for counseling on the medications provided to you.

Written information about this prescription has been provided for you. Please read this information before you take the medication.

Call your doctor for medical advice about side effects. You may also report side effects to the Food and Drug Administration at 1-800-FDA-1088.

The pharmacy reports prescriptions for controlled substances to prescription monitoring programs as required by state law. This information may be requested by specific individuals from state Prescription Drug Monitoring Programs for a limited number of purposes as authorized by state law.

WHAT YOU MAY NEED TO KNOW

To reach your Publix Specialty Pharmacy team, please call 1-855-RxPublix (1-855-797-8254).

Your Publix Specialty Pharmacy team can:

- Schedule a refill shipment
- Provide clinical support
- Check the status of your order
- Answer billing or insurance questions

HOURS OF OPERATION

Our pharmacy is open to assist you Monday through Friday, 9 a.m. to 9 p.m. (Eastern Standard Time). We can be reached by telephone at 1-855-RxPublix (1-855-797-8254) or by email at **specialtypharmacy@publix.com**. We are also open Saturday 9 a.m. to 7 p.m. and Sunday 11 a.m. to 6 p.m. A pharmacist is available 24/7 to answer clinical questions.

The pharmacy will be closed on the following holidays:

- New Year's Day (January 1)
- Easter
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas (December 25)

COMPREHENSIVE CLINICAL CARE

Publix Specialty Pharmacy offers personalized patient care and access to pharmacists 24 hours a day, seven days a week. This means that we're available whenever you need us to discuss your medication and possible side effects.

MEDICATION HISTORY

To provide complete care, we need to know about your current medications, allergies, and health conditions.

MEDICATION QUESTIONS

Telephone consultation with a pharmacist regarding your medication(s) is available to you. To speak to a pharmacist, please call 1-855-RxPublix (1-855-797-8254) or the number on your prescription label. In case of an emergency, call 911 immediately.

SPECIAL PACKAGING AND SHIPPING

To ensure the effectiveness of your medication, Publix Specialty Pharmacy uses special packaging and expedited shipping. We do this because under certain circumstances, a medication's effectiveness could be affected by exposure to extreme heat, light, cold, or humidity. You may also notice a change in the number of ice packs used, or if they're frozen or unfrozen. These factors may change based on the time of year.

INSURANCE CHANGES

To prevent your medication therapy from interruption, please let us know immediately about any change in your insurance coverage. This will help ensure a smooth transition and prevent shipping delays for your medications. In the event that your insurance has changed and our pharmacy cannot fill your prescription, we will transfer your prescription to a pharmacy that is allowed to fill your prescription according to your health plan coverage.

SOCIAL AND FINANCIAL SUPPORT

At Publix Specialty Pharmacy, we know that living with illness can be difficult. That's why we're here to help. Our goal is to support you and your doctor so you receive the best possible care throughout your treatment. As advocates for your health, we are here to help answer any questions you may have—even the stressful ones. The pharmacy team members are available to help identify community assistance programs in your area and programs that may offer financial help.

GENERIC SUBSTITUTION

Publix Specialty Pharmacy will substitute a lower-cost medication for a brand-name drug unless you or your doctor specifically requests a brand-name drug.

REPORT YOUR SIDE EFFECTS

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088 (1-800-332-1088) or the FDA/MedWatch website at **fda.gov/medwatch**.

ADDITIONAL INFORMATION

For patients who are non-English-speaking, translation services are provided. For more information, call 1-855-RxPublix (1-855-797-8254) or the number on your prescription label.

For instructions on the proper disposal of unwanted or unused medications, please call 1-855-RxPublix (1-855-797-8254) or refer to the FDA website at **fda.gov/forconsumers/consumerupdates/ucm101653.htm**.

Each Patient Has the Right To:

- Be treated with dignity and respect without regard to race, color, creed, gender identity, sexual preference, age, national or ethnic origin, diagnosis, or source of payment.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, and misappropriation of client/patient property.
- Be provided with information regarding available services, insurance coverage, and other charges, in writing or orally if applicable.
- Be informed in advance about any changes in the care or treatment as it pertains to their well-being.
- Speak to a health professional and receive counseling regarding prescribed therapy in order to reach the highest level of self-care and wellness.
- Make informed decisions about his/her care and actively participate in the planning of care.
- Receive information about the philosophy and characteristics of the patient management program and all of the services we provide at the specialty pharmacy. We work with the patient's insurance company, prescriber, and the patient to coordinate care and help the patient achieve the most from their therapy.
- Receive information about the patient management program.
- Have protected health information shared with the patient management program in accordance with applicable law.
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
- Refuse treatment, within the confines of the law, after being fully informed of and demonstrating understanding of the consequences of such action.
- Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and the right to refuse their release to any individual outside the pharmacy, except as required by law.
- Voice complaints and grievances and be informed of the procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services.
- Decline participation, revoke consent, or unenroll from the patient management program at any time.
- Receive administrative information regarding changes in, or termination of, the patient management program.

Each Patient is Responsible For:

- Providing accurate and complete information regarding his/her medical history.
- Agreeing to a schedule of services and reporting any cancellation of scheduled services.
- Participating in the development and update of a plan of care.
- Communicating whether he/she clearly understands the course of treatment and plan of care.
- Following the plan of care.
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns, or complaints.
- Accepting responsibility for his/her actions if refusing treatment.
- Fulfilling financial obligations for goods and services provided.
- Notifying the pharmacy of changes in address, telephone number, or insurance coverage.
- Submitting any forms that are necessary to participate in the program, to the extent required by law.
- Notifying their treating provider of their participation in the patient management program, if applicable.

In exchange for Publix Specialty Pharmacy's agreeing to **(i)** provide me with my medications; and **(ii)** bill my insurance carrier or third-party payor that is obligated to pay for my medications, I agree to the following terms and conditions:

1. Authorization for Medical Treatment:

I authorize Publix Specialty Pharmacy, under the direction of my physician, to provide my medications to me. I have been instructed by my physician about my prescribed medications and understand the reasons why they are considered necessary, their risks, advantages, possible complications, and alternatives. As in any medication therapy, I understand that there are known and unknown risks. I certify that no guarantee or promise, expressed or implied, has been made to me in conjunction with the medications that have been prescribed for me.

2. Release of Information:

I understand that Publix Specialty Pharmacy will use my protected health information ("PHI") in accordance with the Publix Specialty Pharmacy Notice of Privacy Practices that I have received under separate cover from Publix Specialty Pharmacy. If I have not received a Publix Specialty Pharmacy Notice of Privacy Practices, I agree to call 1-855-797-8254 to request a copy from Publix Specialty Pharmacy.

3. Financial Responsibility:

I understand and agree that I am responsible for the payment of any and all sums that may become due for the medications provided to me by Publix Specialty Pharmacy. If, for any reason and to whatever extent, Publix Specialty Pharmacy does not receive payment from my insurer or the third-party payor that is obligated to pay for my medications, I do hereby agree to pay Publix Specialty Pharmacy directly for the unpaid balance within thirty (30) days of receipt of an invoice from Publix Specialty Pharmacy, except in cases where such payment to Publix Specialty Pharmacy is prohibited by applicable law. If my insurer and/or third-party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to Publix Specialty Pharmacy and forward it directly to Publix Specialty Pharmacy on the day that I receive payment.

4. Entire Agreement:

This agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This agreement shall be binding upon and ensure to the benefit of the parties hereto and their respective successors, heirs, and assigns.

I have read, understand, and agree to all the above. A photocopy of this agreement may be used as though it were an original. The Release of Information and Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

_____

Patient Name (Please print)

_____ _____

Patient/Guardian Signature Date

_____ _____

Signature of the Primary Insured Date

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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.

The Publix Super Markets, Inc. Pharmacy (the "Pharmacy") is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to take reasonable steps to protect the privacy of your Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. Your PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. Your PHI includes your prescription records and related information maintained by the Pharmacy. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment, or healthcare operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

The Pharmacy is required to follow the terms of this Notice. Publix is a "hybrid entity" under HIPAA. As such, this Notice applies only to the Pharmacy and not to Publix's other business operations. We will not use or disclose your PHI without your written authorization, except as described in this Notice. Unless otherwise permitted by applicable laws and rules or by your written authorization, we will not directly or indirectly receive remuneration in exchange for your PHI. We reserve the right to change our privacy practices and this Notice and to make the new Notice effective for all your PHI we maintain. Any revised Notice will be available at the Pharmacy and, upon your request, we will provide such revised Notice to you.

Your Health Information Rights

You have the following rights with respect to your PHI:

The right to obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact the Privacy Officer, Publix Super Markets, Inc., P.O. Box 407, Lakeland, Florida 33802-0407. You may also obtain a copy of the Notice at the Pharmacy counter or at our website: **www.publix.com**.

The right to request a restriction on certain uses and disclosures of your PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by completing the Request for Restriction form and giving it to a Pharmacy associate for review. We are required to agree to a request to restrict the disclosure of your PHI to a health plan if: **(A)** the disclosure is for the purposes of carrying out payment or healthcare operations and is not otherwise required by law; and **(B)** the PHI pertains solely to a healthcare item or service for which you, or a person on your behalf other than the health plan, has paid the covered entity out-of-pocket in full. We may not be required to agree to all other restriction requests, and in certain cases, we may deny your request. The Request for Restriction form is available upon request at the Pharmacy counter.

The right to inspect and obtain a copy of your PHI. You have the right to access and copy your PHI contained in a designated record set for as long as we maintain your PHI. The designated record set usually will include prescription and billing records. To inspect or copy your PHI, you must complete the Request to Access Protected Health Information form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will provide you with your PHI that we maintain in our designated record set in the form and format requested, if it is readily producible in such form or format or, if not, in a readable hard copy form or electronic form (if contained electronically), or such other format as agreed to by the Pharmacy and you. You may request that we transmit the copy of your PHI directly to another person, provided you complete the Authorization for Release of Protected Health Information form and give it to a Pharmacy associate for review. Both the Request to Access Protected Health Information form and the Authorization for Release of Protected Health Information form are available upon request at the Pharmacy counter. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that this denial be reviewed.

The right to request an amendment of your PHI. If you feel that your PHI that we maintain is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain your PHI. To request an amendment, you must complete the Request to Amend form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will amend the appropriate record(s). The Request to Amend a Record form is available upon request at the Pharmacy counter. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with our denial and we may provide a rebuttal to your statement.

The right to receive an accounting of disclosures of your PHI. You have the right to receive an accounting of the disclosures we have made of your PHI. This accounting includes only those PHI disclosures required to be accounted for under HIPAA. This accounting is also limited to the time period that these disclosures need to be accounted for under HIPAA. Depending on the compliance date required by law for a particular record, an accounting of the disclosures from an Electronic Health Record will include disclosures for treatment, payment, or healthcare operations.

Records of such disclosures from an Electronic Health Record must be maintained for three years. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a written request to the Privacy Officer, Publix Super Markets, Inc., P.O. Box 407, Lakeland, Florida 33802-0407. Your request must specify the time period, which may not be longer than the time period that these PHI disclosures need to be accounted for under HIPAA. The first accounting you request within a 12-month period will be provided free of charge, but we may charge you for additional accountings. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.

The right to request communications of your PHI by alternative means or at alternative locations. You have the right to request communications of your PHI by alternative means or at alternative locations. For example, you may request that we contact you about medical matters only in writing, or at a different residence, or via post office box. To request confidential communication of your PHI, you must complete the Request for Confidential Communications form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will make the appropriate changes. We will accommodate all reasonable requests; however, in case of emergency situations, we may contact you by whatever means we deem necessary. The Request for Confidential Communications form is available upon request at the Pharmacy counter.

The right to receive written notification of a breach of your unsecured PHI. You have the right to receive written notification of a breach where your unsecured PHI has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach, and the breach compromises the security and privacy of your PHI. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

Examples of How We May Use and Disclose Your PHI

The following are descriptions and examples of ways we may use and disclose your PHI:

We may use your PHI for treatment. Treatment is the provision, coordination, or management of healthcare and related services. It also includes, but is not limited to, consultations and referrals between one or more healthcare providers. For example, we may obtain health information about you from healthcare providers for our use in dispensing prescription medications to you. We may also discuss your health information and provide your PHI to a prescribing physician or other healthcare providers as may be necessary for your treatment. We may document information in your treatment record related to the medications dispensed to you and other pharmacy services that we may provide to you. We may exchange your PHI electronically for treatment and other permissible purposes.

We may use your PHI for payment. Payment includes, but is not limited to, actions to make coverage determinations and receive payment (including billing, claims management, subrogation, plan reimbursement, utilization review, and pre-authorizations). For example, we may contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We may also use your PHI to bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We may use your PHI for healthcare operations. Healthcare operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of healthcare professionals, underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management, and general administrative activities. For example, we may use PHI in your treatment record to monitor the performance of the pharmacists providing treatment to you. The PHI in your treatment records may be used in an effort to continually improve the quality and effectiveness of the healthcare-related services we provide.

We are likely to use or disclose your PHI for the following purposes:

Use of business associates: There are some services provided by us through arrangements with our business associates. Examples of our business associates include claims processors or administrators, records administrators, attorneys, pharmacy benefit managers, etc. We may disclose your PHI to our business associates and may allow our business associates to create, receive, maintain, or transmit your PHI in order for the business associates to provide services to us, or for the proper management and administration of the business associates. In addition, our business associates may re-disclose your PHI to business associates who are subcontractors in order for the subcontractors to provide services to the business associates. The subcontractors will be subject to the same restrictions and conditions that apply to the business associates. We may, for example, use a business associate or subcontractor to provide legal services to us, or to bill you or your third-party payor for services rendered. Also, we may use a business associate to maintain your PHI and assist us in responding to requests for records made by you or a third party. To protect your PHI, we require the business associates to agree in writing to safeguard your PHI appropriately.

Communication with individuals involved in your care or payment for your care: Healthcare professionals such as our pharmacists, using their professional judgment, may disclose your PHI to a family member, other relative, close personal friend, or any person you may identify, when such communication is relevant to that person's involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide prescription refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Limited data set and de-identified information: We may use or disclose your PHI to create a limited data set or de-identified PHI, and use and disclose such information as permitted by law.

Food and Drug Administration (FDA): We may disclose your PHI to the FDA, or persons under the jurisdiction of the FDA, as may be necessary to enable product recalls, to make repairs or replacements, to conduct post-marketing surveillance, or to report information pertaining to adverse events with respect to drugs, foods, supplements, products, or product defects.

Workers compensation: We may disclose your PHI as authorized by, and as necessary to comply with, laws relating to workers compensation or similar programs established by law.

Public health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law, or in response to a valid subpoena or other legal process.

As required by law: We must disclose your PHI when required to do so by law.

Health oversight activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you or your PHI are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order and, under certain conditions, we may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

In addition, we are permitted to use or disclose your PHI for the following purposes:

Research: We may disclose your PHI to researchers when 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 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 your PHI to funeral directors consistent with applicable law to carry out their duties.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplant 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, your location, and your general condition.

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

To avert a serious threat to health or safety: We may use or 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 your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release your PHI 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 PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Victims of abuse, neglect, or domestic violence: We may disclose your PHI to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. 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, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

We will obtain your written authorization before using or disclosing your PHI for the following purposes: **(i)** most uses and disclosures of psychotherapy notes (to the extent maintained by the Pharmacy); **(ii)** uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; **(iii)** disclosures that constitute a sale of PHI; and **(iv)** other uses and disclosures not described in this Notice. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization. When using or disclosing your PHI or requesting your PHI from another covered entity, we will make reasonable efforts to limit such use, disclosure, or request to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively. We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization. When using or disclosing your PHI or requesting your PHI from another covered entity, we will make reasonable efforts to limit such use, disclosure, or request, to the extent practicable, to the PHI maintained in a limited data set, or if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively.

For More Information or to Report a Problem

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Privacy Officer, Publix Super Markets, Inc., P.O. Box 407, Lakeland, Florida 33802-0407 or 1-877-264-4722. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

PUBLIX SPECIALTY PHARMACY'S NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received a copy of Publix Specialty Pharmacy's Notice of Privacy Practices on the date signed below.

Patient's Name (Please print)

Patient's Signature

Date

If this form is signed by someone who is not the patient listed above (e.g., a parent/guardian/legal representative), please provide the signor's/signatory's name and his or her authority to act for the patient.

Signed by (Please print)

Authority to sign on patient's behalf

INTERNAL USE ONLY

If this acknowledgement is not signed, please provide a description of your efforts in obtaining the signed acknowledgement and the reason the acknowledgment was not obtained.

Print Name

Date

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PATIENT FEEDBACK FORM

We want to provide your therapy to your complete satisfaction. If you are not happy with the care you get from us, we want to know about it. If you have any concerns or problems with your medications, services, etc., you have the right to call our toll free number at 1-855-RxPublix (1-855-797-8254), or to file a complaint with the Florida Department of Health by calling 1-850-245-4339. If you wish to file a written complaint, you may do so by completing this form and returning it to Publix Specialty Pharmacy, 1950 Sand Lake Rd., Bldg. #5, Orlando, FL 32809. Our Quality Management department will contact you within five business days upon its receipt.

Patient Name _____ Date of Birth _____

Prescription Number _____

Description: _____

Employee Name (if applicable) _____

For Publix Specialty Pharmacy internal use only

QM Action taken: _____

Date acknowledged: _____ Date of response: _____

❍ Phone ❍ Mail

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PUBLIX SPECIALTY PHARMACY'S PATIENT RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT

By signing below, I acknowledge that I have received a copy of Publix Specialty Pharmacy's Patient Rights and Responsibilities on the date signed below.

Patient's Name (Please print)

Patient's Signature

Date

If this form is signed by someone who is not the patient listed above (e.g., a parent/guardian/legal representative), please provide the signor's/signatory's name and his or her authority to act for the patient.

Signed by (Please print)

Authority to sign on patient's behalf

INTERNAL USE ONLY

If this acknowledgement is not signed, please provide a description of your efforts in obtaining the signed acknowledgement and the reason the acknowledgment was not obtained.

Print Name

Date

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PUBLIX SPECIALTY PHARMACY'S PATIENT SATISFACTION SURVEY

Regarding the medication you or your family member filled with Publix Specialty Pharmacy, please rate the following service attributes. Please be assured that this survey is confidential and your responses will not be tied back to you in any way.

Overall Experience

Overall, I am satisfied with my experience using the Publix Specialty Pharmacy.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I will recommend this service to my family and/or friends in need.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

Your Prescription Order

Overall, the prescription order process was easy.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

Please describe the timeliness of filling your prescription. My prescription was received:

❍ Before the expected date
❍ On the expected date
❍ After the expected date, but did not affect my treatment plan
❍ After the expected date, and my treatment plan was affected
❍ Does not apply

I am satisfied with the support I received regarding my insurance coverage and out-of-pocket costs.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

My prescription order was dispensed accurately.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

Our Staff

Overall, having the specialty pharmacy involved in this process was helpful.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I am confident in the information I received from the specialty pharmacy.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I am satisfied with the level of knowledge of the staff in the specialty pharmacy.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

The specialty pharmacy staff was courteous and friendly.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I felt the specialty pharmacy listened to my concerns.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I felt the specialty pharmacy cared about meeting my needs.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

Our Communication with You

The level of communication I received kept me well informed throughout the prescription order process.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

During the prescription order process, my phone calls were answered promptly.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

I am satisfied with the ability to contact the specialty pharmacy after business hours.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

When I left a message for the specialty pharmacy, my call was returned in a timely manner.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

The frequency of communication from the staff throughout my prescription order was satisfactory.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

The reminder phone calls I receive for my prescription refills are helpful.

❍ N/A ❍ Strongly Disagree ❍ Disagree ❍ Neither Agree nor Disagree ❍ Agree ❍ Strongly Agree

Please mail your response to **Publix Specialty Pharmacy, Attn: Quality Dept., 1950 Sand Lake Rd., Bldg. #5, Orlando, FL 32809** or fax to **1-863-413-5723**

I am approved for co-pay assistance. How does this work?

Depending on the co-pay assistance organization, you may be required to pay for a portion of the co-pay. Also, many organizations have a maximum amount they will pay per year on your behalf; if your co-pays exceed this limit, you may be responsible for the remaining balance.

Publix Specialty Pharmacy will handle the billing for you. We will charge your insurance first and then the co-pay assistance organization for your medication. The organization will pay the co-pay on your behalf.

Please be aware: If you have been conditionally approved for co-pay assistance through the Chronic Disease Fund (CDF), The Assistance Fund (TAF), or the National Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documentation in a timely manner. Delays may put you at risk of losing your assistance.

What preparations do I need to be aware of while traveling with my medication?

MAKE SURE TO CARRY YOUR MEDICATION WITH A COPY OF YOUR PRESCRIPTION OR THE BOTTLE/ CONTAINER WITH YOUR PRESCRIPTION INFORMATION ON IT.

At least two weeks prior to your departure, take an inventory of your medication at home. This should give you enough time to call and get another shipment delivered to your home if needed, as well as obtain any prescriptions from your doctor.

If you expect to need an early fill before your trip, please call us at 1-855-RxPublix (1-855-797-8254) so we can see if your insurance will provide a vacation override (some insurance companies do not allow this).

Remember to pack your medication in a secure and easy-to-reach area of your carry-on luggage only. In the event that your checked luggage is misplaced, you will still have your medication.

If your medication requires refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

What should I do if I am running out of medication and unable to reach Publix Specialty Pharmacy?

If at any time it is not possible for you to reach the pharmacy and you are running out or are out of medication, please contact your prescribing physician for immediate instructions.

It is very important to prepare for an emergency. Planning ahead involves such things as:

- Evacuation route
- Emergency kit
- Extra water/food
- Emergency phone numbers
- Medications
- Important documents
- Care for pets, if applicable
- Have a plan including a safe place to store your medications appropriately

You can find more helpful information about emergency preparedness at redcross.org.

How do I obtain refills of my medication? Do you automatically send it to me?

Publix Specialty Pharmacy does not automatically ship medication. You should receive a call from our pharmacy when you have approximately one (1) week of medication left. If you do not receive a call and you are running out of medication, please call us at 1-855-RxPublix (1-855-797-8254) to schedule a refill.

What should I do if my order is delayed?

Publix Specialty Pharmacy will make every attempt to contact you if there is any delay with your medication delivery. However, if your delivery does not arrive by the end of the day as expected, please contact us at 1-855-RxPublix (1-855-797-8254). We can track your delivery via UPS.

What happens if there is a drug recall?

Our pharmacy will notify you and your doctor if there is a drug recall that affects any of your prescriptions.

This welcome packet contains a lot of information. Which forms do I need to return?

- ❍ Publix Specialty Pharmacy Service Agreement
- ❍ Notice of Privacy
- ❍ Patient Rights and Responsibilities acknowledgement of receipt
- ❍ Satisfaction Survey – Optional
- ❍ Feedback Form – Optional