



WELCOME

DEAR
PATIENT,

Pharmacy Innovations is dedicated to promoting wellness, obtaining and sustaining optimal health and meeting the needs of our community by serving and providing customized pharmacy care with compassion, education, service and the highest ethics. Our pharmacists and technicians are dedicated to providing you with the personal service necessary to achieve the most from your therapy which includes:

- Access to our Patient Portal
- Access to a clinically trained pharmacist during normal business hours as well as a toll-free number to access a pharmacist after hours for emergencies
- Assistance with verifying insurance benefits and understanding your financial responsibility
- Coordination of prior authorization with your insurance company and prescriber's office
- Refill reminders
- Therapy consultations with a clinically trained pharmacist (Consultations with a pharmacist do not replace appointments with your provider)
- Confidential and convenient packaging and shipping of prescriptions and over-the-counter medications (varies by location)
- Language translation services for more than 150 languages

For questions, concerns or for more information on the services we provide please:

Visit our website at www.pharmacyinnovations.net

-

Visit or Call one of our locations (See page 3)

-

Email: info@pharmacyinnovations.net

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing Pharmacy Innovations.

Sincerely,

The Pharmacy Innovations Team

TABLE OF CONTENTS

| | |
|--|-------|
| Welcome to Pharmacy Innovations..... | 1 |
| Table of Contents..... | 2 |
| Our Locations..... | 3 |
| Access Information..... | 4 |
| Patient Portal..... | 5 |
| Prescription Processing..... | 6 |
| New Prescriptions..... | 6 |
| Refills..... | 7 |
| Filling/Refilling Limitations..... | 7 |
| Product Selection..... | 8 |
| Compounded Medications..... | 8 |
| Commercially Available Medications..... | 8 |
| Prescription Transfers..... | 9 |
| Shipping..... | 9 |
| Order Status/Delays..... | 9 |
| Financial Obligations & Insurance Information..... | 10 |
| Insurance Claims..... | 10 |
| Co-Payments..... | 10 |
| Out of Network..... | 10 |
| Safety Information..... | 11 |
| Adverse Effects to Medication..... | 11 |
| Drug Recalls..... | 11 |
| Concerns/Suspected Errors..... | 11 |
| Hazardous Medication Information..... | 12 |
| Consumer Rights & Responsibilities..... | 13 |
| Notice of Privacy Practices..... | 14-17 |
| Health Information..... | 18-19 |
| Complaints..... | 20 |

OUR LOCATIONS

Pennsylvania (Erie)

2936 W. 17th Street
Erie, PA 16505
Phone:(814) 838-2102
Fax:(814) 838-2103
Toll-Free:(888) 838-2102
TTY:(814) 315-6546

Hours: 8:30 am - 6:30 pm (M-F)
9:00 am - 1:00 pm (Sat)

New York (Jamestown)

863 Fairmount Avenue
Jamestown, NY 14701
Phone:(716) 484-1586
Fax:(716) 488-0073
Toll-Free:(888) 844-4573

Hours: 9:00 am - 5:30 pm (M-F)

Virginia (Virginia Beach)

4001 Virginia Beach Blvd, Suite 110
Virginia Beach, VA 23452
Phone:(757) 934-0533
Fax:(757) 228-3991

Hours: 9:00 am - 5:30 pm (M-F)

Texas (Houston)

8687 Louetta Road, Suite 150
Spring, TX 77379
Phone:(281) 251-0888
Fax:(281) 251-0889
Toll-Free:(888) 733-6250

Hours: 8:30 am - 5:30 pm (M-F)

Florida (St. Petersburg)

4000 Park Street North
St. Petersburg, FL 33709
Phone:(727) 381-9799
Fax:(727) 347-2050
Toll-Free:(866) 792-6731

Hours: 9:00 am - 6:00 pm (M-F)

South Carolina (Greenville)

640 Congaree Road
Greenville, SC 29607
Phone:(864) 241-0477
Fax:(864) 241-0843

Hours: 9:00 am - 5:30 pm (M-F)

Pharmacy Innovations locations are closed in observance of the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

ACCESS INFORMATION

QUESTIONS ABOUT YOUR MEDICATIONS?

If you have questions or concerns regarding your medication(s), our pharmacists and technicians at Pharmacy Innovations will be happy to assist you!

A licensed pharmacist is available for you during normal business hours via telephone or by visiting any of our locations. A licensed pharmacist is on-call after hours to address any emergency clinical questions or concerns about your medications via the pharmacies' toll-free numbers.

You can also contact us via:

Email: info@pharmacyinnovations.net

Website: www.pharmacyinnovations.net

Mail: Location addresses on page 3

The Patient Portal (instructions on page 5)

PATIENT PORTAL

We'd like to thank you for choosing Pharmacy Innovations. The following is information explaining all the great benefits available to you should you choose to participate in the Patient Portal. You are not required to use this service in order to participate in Pharmacy Innovations services. You may choose to participate in none, some or all of the options the portal has to offer such as:

- Filling out a new patient form which includes:
 - Your demographics
 - Any medication allergies/sensitivities
 - Current medication list
 - Options for child-resistant caps
 - Signing up for auto-refills
 - Adding your insurance information
- Authorize credit card use to pay co-pay/out-of-pocket expenses
- Update your address when necessary
- Request a prescription refill
- Request your prescription history
- Participate in our Patient Satisfaction Survey
- Message the pharmacy staff
- Sign up to receive text messaging from our locations

When you request to sign up for the Patient Portal, a link to the portal will be sent to your email with your username and temporary password. From there, you just register and create your own password.

The Patient Portal can be reached by:

The link in your initial invitation email

OR

Visit us our website and click the "Patient Login" button in the upper left corner of our home page.

PRESCRIPTION PROCESSING

As part of the process to provide customized pharmacy care with compassion, education, and service of the highest ethics, a Pharmacy Innovations staff member will need to obtain your health history, provide education on how to take your medications, potential side effects, drug and/or food interactions, and any other concerns you may have regarding your medication throughout the prescription filling process. Our goal is to help you become aware of the effects your health care decision(s) may have on your daily life.

To make your medication regimen successful, we need your help! You must be willing to respond to our outreach calls and emails and update us about changes to your demographics and health. Medications must be taken on-time and as instructed for you to receive the total benefit of your prescribed medication(s).

Pharmacy Innovations knows it is critically important for you to understand your medication and what it is being used for in order for you to have a successful medication regimen. Please reach out to us with any questions or concerns.

New Prescriptions

New prescriptions are accepted through multiple formats that include:

- Your provider sending us the prescription directly
- Transferring from an outside pharmacy
- Providing the prescription personally by visiting a Pharmacy Innovations location
- Mailing the paper prescription into one of our Pharmacy Innovations locations

After we have received your prescription, a Pharmacy Innovations' team member will reach out to you to discuss insurance, shipping/pick-up options, prescription costs, provide drug information and answer any questions you may have. During this process, the team member will acquire your address and demographics, your health and medication history, allergies and past sensitivities, and any other pertinent information necessary to ensure your prescribed medication will be **safe** and **effective** for you.

Refills

A Pharmacy Innovations team member will ask if you would like your medication(s) placed on an automatic refill schedule. If accepted, the pharmacy will refill your medication(s) automatically and ensure your medication is ready before you run out. A credit card on file is required when having your prescriptions refilled automatically. If you choose to decline this service, please contact the pharmacy directly when you are ready for a refill. For refills, that are being shipped to you, please contact us for a refill at least five business days in advance of when you need your medication(s), so we may process and ship your order. For walk-in patients refilling a compounded medication, please allow 48 hours for processing your prescription.

Filling/Refilling Limitations

Many insurance companies have different types of plans that may limit prescription filling and refilling. Pharmacy Innovations will work with you on a case-by-case basis to resolve these limitations. Here are some common limitations and what they mean:

Prior Authorization: The medication prescribed by your provider is not covered under your insurance plan without supporting information from the provider's office. Upon notification that the prescribed medication will need a prior authorization, a Pharmacy Innovations team member will contact you. Pharmacy Innovations will work with your provider's office to obtain this authorization, and we will keep you updated throughout the entire process.

Quantity Limits: The medication prescribed by your provider is written for a certain amount of medication, but it is more than what your insurance will cover. This could be the number of times of use per day or the number of months of medication you can receive at once. For example, your prescriber writes your medication to be a 90-day supply, but your insurance will only cover a 30-day supply. Pharmacy Innovations will answer any of your questions or concerns.

Refill-too-soon: The medication prescribed by your provider is written for a certain days supply, and you are trying to refill the medication sooner than your insurance company will approve. Most insurances will allow you to refill your medications once a certain number of days have passed since your last prescription fill. This limitation is based off the anticipated amount of days your medications should last. If you reach out to us for a refill and it is too soon, a Pharmacy Innovations team member will reach out to you to let you know of the limit and the next refillable date the insurance will approve. Certain situations may warrant an early refill, such as your prescriber increasing your dose, going on vacation, having your medication stolen, or misplacing your medication. Pharmacy Innovations will assist you in getting an early refill approved.

PRODUCT SELECTION

Compounded Medications:

Your health care provider will determine when to prescribe a compounded medication for you. All prescriptions that require compounding will be created as directed by your provider.

Commercially Available Medications:

Unless otherwise indicated, all prescriptions will be filled with an FDA-approved generic drug when available. Pharmacists will substitute a less expensive generically equivalent drug for a brand name drug, unless you or your provider direct otherwise. Furthermore, substitution of medications may be required due to your insurance company preferring the generic medications or to reduce your co-pay. A Pharmacy Innovations team member will contact you to let you know of any substitutions before filling, billing, and shipping your medication.

If a prescribed medication is not available to be compounded and/or dispensed from Pharmacy Innovations, a pharmacist may contact your provider to discuss alternative medication(s) or assist you in getting your medications from another pharmacy.

Prescription Transfers

Pharmacy Innovations is happy to accept transfers of your prescription from another pharmacy. If you need to transfer your prescription to another pharmacy because your coverage has changed or for any other reason, you can contact the Pharmacy Innovations location that is filling your prescriptions and a pharmacist will assist you with the transfer process.

Shipping

Pharmacy Innovations offers a variety of shipping options for your convenience. All medications that require refrigeration will be shipped no-less than 2nd day air, preferably overnighted via FedEx or USPS. All medications that require storage within a freezer will be shipped overnight via FedEx. All non-refrigerated medications are shipped via USPS First Class/Priority Mail or FedEx Ground, 2nd day air, or overnight. Please note shipping times are dependent on the type of shipping selected, your geographical location and holidays. Tracking numbers are available upon request.

Order Status/Delays

If there will be a delay in filling your prescription, a Pharmacy Innovations team member will contact you to notify you of the delay. Pharmacy Innovations will make every effort to prevent interruptions in your medication therapy. If our pharmacy is unable to provide your medication, we will assist you in getting your medication from another pharmacy.

Pharmacy Innovations staff is constantly monitoring weather conditions where you live to anticipate possible delays that may affect your medication regimen. This includes extreme weather, expected delivery delays, or disasters. If there is an emergency or disaster at your location or ours, Pharmacy Innovations will work with you to avoid interruptions in therapy which may include:

- Holding your order until the conditions have improved
- Expediting your shipping
- Transferring your prescription to a different pharmacy
- Shipping your prescription(s) to an alternative address
- Replacing your damaged medication(s) which may have been compromised

FINANCIAL OBLIGATIONS & INSURANCE INFORMATION

Insurance Claims

Pharmacy Innovations will submit prescription claims to your health insurance carrier. Please notify Pharmacy Innovations of any changes to your billing address or insurance information. If the prescription claim is rejected, a Pharmacy Innovations staff member will notify you so we can work together to resolve the issue. You may be responsible for paying a co-pay, coinsurance and/or deductible amount. Pharmacy Innovations does not typically have specific information regarding your health benefits. For further information on your financial obligations, please contact your insurance carrier.

Co-Payments

Due to federal laws and regulations, and contractual agreements between Pharmacy Innovations and most insurance carriers, Pharmacy Innovations is required to collect all insurance co-payments prior to the dispensing of your prescription medication(s). Pharmacy Innovations accepts all major credit cards as well as cash or check for in store pick-ups.

Out of Network

In the event Pharmacy Innovations is deemed "Out of Network" by your insurance carrier, we will notify you of the cost charged by Pharmacy Innovations for your medication(s). Pharmacy Innovations will work with your insurance carrier to become "In Network." Please understand this process takes time and is not always possible due to contractual issues. A staff member will follow-up with you to let you know that outcome as soon as possible. You may also request a universal claim form from the pharmacy for **compounded medications** if Pharmacy Innovations is deemed "Out of Network." This form, when submitted to your insurance carrier, may allow you the chance to be partially/fully reimbursed by your insurance carrier.

Your credit card will **NEVER** be charged without your explicit permission and authorization

SAFETY INFORMATION

Adverse Effects to Medication

Adverse effects are occurrences that are inconsistent with/or contrary to the expected outcomes of the medication. If you feel you are experiencing an adverse drug reaction, or acute medical condition please contact your physician and/or Pharmacy Innovations immediately. If you are having a medical emergency please go to your local emergency room or dial 9-1-1.

Drug Recalls

A drug recall occurs when a prescription or over-the-counter medicine is removed from the market because it is found to be either defective or potentially harmful. Pharmacy Innovations follows drug recall guidelines created by the Food and Drug Administration (FDA), drug manufacturers, distributors, and/or state and federal regulatory agencies. We will contact you and your doctor if there is an FDA Class I recall. For lesser recalls, the pharmacy will contact your prescriber or your health plan accordingly. A pharmacist will work with your health care provider to recommend an alternative medicine to use during the recall and discuss the alternative medication with you. If the pharmacy contacts you about a medicine you are taking that has been recalled:

- Stop taking the medication
- Discard it safely or return it to the pharmacy

Concerns/Suspected Errors

Pharmacy Innovations strives to provide you with the highest level of customer service. If you have any concerns about the medications you've received from Pharmacy Innovations or suspect an error, please contact us immediately.

Any concerns or suspected errors Pharmacy Innovations receives will be thoroughly reviewed by management. Immediate steps will be taken if further action is needed.

HAZARDOUS MEDICATION INFORMATION

HANDLING HAZARDOUS MEDICATIONS SAFELY AT HOME

This information provides guidance on handling, storing, and disposing of your medications safely at home, in conjunction with any instructions or counseling provided by our pharmacists.

If you have any questions concerning your medications, please feel free to contact a pharmacist via our toll-free numbers.

Handling your medication:

- Wash your hands before and after handling your medication.
- Wear disposable gloves if applying medications such as creams or gels to the skin.
- Discard used gloves, medicine cups, and/or oral or topical syringes by placing them in a plastic bag. Tie or seal the bag and place in your household trash bag for disposal. Do not reuse these items.

Storing your medications:

- Your pharmacist will tell you if there are any special storage instructions regarding your medication.
- Keep all medications out of the reach of children and pets.
- Always store your medications in their original containers.
- If your medication needs to be refrigerated, place it in a separate area in your refrigerator away from food.
- Do not store medications in areas of high moisture such as bathrooms.

Disposing of your medication and medication containers:

- If you have a local pharmacy or facility that has a drug take-back program, it is recommended that you utilize their program for disposal of unused medications.
- If not, to dispose of your unused medications:
 - DO NOT flush medications down the toilet.
 - Wear disposable gloves and take the medication out of its original container.
 - Mix the drugs with an undesirable substance such as cat litter or used coffee grounds.
 - Put the mixture into a disposable container with a lid such as an empty plastic container.
 - Black out or remove any personal information from your container.
 - Seal the container and place the contents into the trash.

CONSUMER RIGHTS & RESPONSIBILITIES

Pharmacy Innovations recognizes that patients have inherent rights. Patients and their families also have responsibilities while under the care of Pharmacy Innovations in order to facilitate the provision of safe, high-quality health care for themselves and others. Patients who feel their rights have not been respected, or who have questions or concerns, should speak to the Pharmacy Manager.

Consumer Rights

- To select who provides you with pharmacy services.
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental disability.
- To be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy who provides treatment or services for you and be free from neglect or abuse.
- To be provided with adequate information from which you can give your consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- To express concerns, grievances, or recommend modifications to your pharmacy services, without fear of reprisal.
- To request and receive complete and up to date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed of our pharmacy's policies, procedures and charges.
- To request and receive data regarding treatment, services, or costs, privately and with confidentiality.
- To be given information as it relates to the uses and disclosure of your plan of care.
- To have your plan of care remain private and confidential, except as required and permitted by law.
- To receive instructions on handling a drug recall.
- To the confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) and Individually Identifiable Health Information (IIHI).
- To receive pharmacy health and safety information that includes consumers rights and responsibilities.

Consumer Responsibilities

- To provide accurate and complete information regarding your past and present medical history.
- To participate in the development and updating of a plan of care.
- To communicate whether you clearly comprehend the course of treatment and plan of care.
- To comply with the plan of care and clinical instructions.
- To accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services.
- To respect the rights of Pharmacy Innovations personnel.
- To notify your health care provider and Pharmacy Innovations with any potential side effects and/or complications.
- To notify Pharmacy Innovations when your medication supply is running low so a refill may be provided to you.

NOTICE OF PRIVACY PRACTICES

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.

Pharmacy Innovations will ask you to sign an acknowledgement that you have received this Notice of Privacy Practices {Notice}. This Notice describes how Pharmacy Innovations may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and Pharmacy Innovations' duties with respect to protected health information about you.

Section A: Uses and Disclosures of Protected Health Information

1. Treatment, Payment and Health Care Operations

- a. We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic or via facsimile. This will include received prescription orders so that we may dispense prescription medications. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.
- b. We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverage.
- c. We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.

2. Permitted or Required Uses and Disclosures

- a. Our pharmacists, using their professional judgment, may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your health care. This includes allowing such persons to pick-up filled prescriptions, medical supplies or medical records on your behalf.
- b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
- c. Under certain circumstances, Pharmacy Innovations may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:
 - i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.
 - ii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.

- iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for Pharmacy Innovations licensure and for monitoring of health care systems.
- v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
- vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
- vii. Whenever required to do so by law.
- viii. To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
- ix. To Funeral Directors to carry out their duties.
- x. To organ procurement organizations or other entities engaged in procurements, banking or transplantation or organs for the purpose of tissue donation and transplant.
- xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care, of the patient's location or general condition.
- xii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
- xiii. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
- xiv. As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
- xv. To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.
- xvi. 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.
- xvii. To a government authority, such as social service or protective services agency, if Pharmacy Innovations reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to 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 the patient.

3. Authorized Use and Disclosure

- a. Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written authorization in advance. You may revoke any such authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your authorization.

4. More Stringent Laws

- a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice of laws that may apply.

Section B: Patient's Rights

1. Restriction Requests

- a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third-party payer or limitations on which persons may be considered personal representatives.
- b. Pharmacy Innovations is not required to accept restrictions other than payment related uses not required by law that have been paid in full by the individual or representative other than a health plan.
- c. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
- d. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

2. Alternative Means of Communication

- a. You have the right to receive confidential communications of protected health information by alternate methods or at alternate locations upon reasonable request. Examples of alternatives may be sending information to a phone or mailing address other than your home.
- b. Pharmacy Innovations shall make reasonable accommodation to honor requests.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

3. Access to Health Information

- a. You have the right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
- b. You have the right to request that your protected health information be provided to you in an electronic format if available.
- c. Requests must be submitted in writing or written electronic format to the Privacy Officer listed in Section D of this Notice.
- d. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
- e. Pharmacy Innovations may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.

4. Amendments to Health Information

- a. If you believe that your protected health information is incomplete or incorrect, you may request an amendment to your records. You may request amendment to any records for as long as we maintain your records.
- b. Requests must be submitted in writing or written electronic format to the Privacy Officer listed in Section D of this Notice.
- c. Requests must include a reason that supports the amendment to your health information.
- d. Pharmacy Innovations may deny amendment requests in certain cases. In case of denial, you have the right to submit a Statement of Disagreement. We have the right to provide a rebuttal to your statement.

5. Accounting of Uses and Disclosures

- a. You have the right to request an accounting of uses and disclosures that are not for treatment, payment or health operations. This accounting may include up to the six years prior to the date of request and will not include an accounting of disclosures to yourself, your personal representatives or anything authorized by you in writing. Other restrictions may apply as required in the Privacy Rule.
- b. Requests must be submitted in writing or written electronic format to the Privacy Officer listed in Section D of this Notice.
- c. This first accounting in any 12-month period will be provided to you at no cost. Any additional requests within the same 12-month period will be charged a fee to cover the cost of providing the accounting. This fee amount will be provided to you prior to completing the request. You may choose to withdraw your request to avoid paying this fee.

6. Notice of Privacy Practices

- a. You have the right to receive a paper copy of this Notice even if you previously agreed to received a copy electronically.
- b. Please submit requests to the Privacy Officer listed in Section D of this Notice.

Section C: Pharmacy Innovations' Duties

Pharmacy Innovations is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Pharmacy Innovations is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.

Section D: Contacting Us

1. Additional Questions, Submitting Requests or Complainants

- a. If you have questions about this Notice or how Pharmacy Innovations uses and discloses your protected health information please contact our Privacy Officer below.
- b. You may obtain forms needed for request submission from our pharmacy or from our Privacy Officer.
- c. If you believe your privacy rights have been violated you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

2. Privacy Officer

- a. Courtney Messina
Pharmacy Innovations
2535 Johns Place
Phone: (716)720-5121
info@pharmacyinnovations.net

3. Secretary of Health and Human Services, Office of Civil Rights

- a. For online complaint forms and contact information for the Regional OCR offices:
<http://www.hhs.gov/ocr/privacy/index.html>
- b. Email: OCRComplaint@hhs.gov for assistance or questions about complaint forms.

HEALTH INFORMATION

NUTRIENT DEPLETION

Did you know that some prescription and non-prescription drugs have the potential to deplete nutrients from the body? Some of the potential depletion and health consequences are listed below.

| Commonly Depleted Nutrients | Depleting Drug | Supplement |
|-----------------------------|---|------------------------------|
| B Vitamins | Female Hormones (BHRT, HRT, Ocs) Anti-Inflammatories Antibiotics | B5 B6 B Complex |
| B12 | Female Hormones (BHRT, HRT, Ocs) Anti Ulcer & GERD Drugs Anti-Diabetic Drugs Aspirin | Folate |
| Calcium | Anti Ulcer & GERD Drugs Anti-Convulsants Anti-Hypertensives Anti-Inflammatories | Calcium Calcium/Magnesium |
| Coenzyme Q-10 | Female Hormones (BHRT, HRT, Ocs) Beta Blockers Cholesterol Lowering Drugs Anti-Diabetic Drugs Anti-Hypertensives Tricyclic Antidepressants | CoQ10 100mg CoQ10 300mg |

| Commonly Depleted Nutrients | Depleting Drug | Supplement |
|-----------------------------|---|------------------------------------|
| Vitamin D | Anti Ulcer & GERD Drugs Anti-Convulsants | D3 1000 D3 5000 Liquid D3100 |
| Folic Acid | Female Hormones (BHRT, HRT, Ocs) Anti Ulcer & GERD Drugs Anti-Diabetic Drugs Anti-Inflammatories Anti-Convulsants | Folic Acid |
| Magnesium | Female Hormones (BHRT, HRT, Ocs) Anti-Hypertensives Lanoxin | Magnesium Glycinate |
| Melatonin | Benzodiazepines Beta Blockers | Melatonin |
| Depleted Gut Flora | Antibiotics | Probiotics |
| Zinc | Female Hormones (BHRT, HRT, Ocs) Anti-Hypertensives Anti Ulcer & GERD Drugs | Zinc A.G. |

COMMON CONDITIONS

INFLUENZA

From the Department of Health

Influenza, commonly called the flu, is a viral infection that attacks the respiratory system. This type of flu is not the same as the stomach "flu" virus that causes diarrhea and vomiting. Young children, older adults, pregnant women, and people who have weakened immune systems are highly susceptible to the flu.

Cause:

- Influenza (A, B or C)

Mode of Transmission:

- Entry of the Influenza virus (A, B, or C) into the respiratory tract when someone coughs or sneezes
- Contact with the surfaces, material, and clothing contaminated with discharges of an infected person

Signs and Symptoms:

- Fever of at least 100.4 degrees Fahrenheit
- Headache
- Runny nose, sore throat, cough, or other respiratory manifestations
- May or may not have muscle or joint pains

Treatment

- Use of antiviral agents, such as oseltamivir (Tamiflu) or zanamivir (Relenza), within the first 2 days may shorten the illness and help prevent serious complications
- Have adequate rest
- Increase intake of oral fluids & nutritious foods
- Take paracetamol (Acetaminophen) for fever. Acetaminophen should not be given to children.
- Antibiotics should be given only to complications of influenza, such as Pneumonia or Otitis Media (Ear Infection).

Prevention:

- Get influenza vaccination, preferably annually
- Minimize contact with a person who has influenza
- Avoid crowded places
- Distance yourself by at least 2 feet from people who are coughing or have influenza
- Cover mouth and nose when sneezing or coughing to prevent spread of the virus
- Wash hands frequently with soap and water

COMPLAINT FORM

Pharmacy Innovations takes complaints very seriously. If for any reason you are unsatisfied with the services or care you received, you may call us at any of the numbers listed in your welcome packet or complete this form and return it to us. We will do everything we can to make it right.

Type of Complaint (please circle)

Incorrect Drug/Form

Incorrect Strength/Dose/Quantity

Incorrect Patient

Incorrect Prep

Incorrect Label/Directions

Expired Product

Shipping Damage/Error

Customer Service Issue

Supplies

Billing Concern

Container

Injury to Patient/Staff

Delivery

Other: _____

Complaint Description: _____

Name (optional): _____ Date: _____

Contact Information(optional): _____

Preferred Contact Method(optional): _____

Please return this form via mail to our Corporate Office located at:

2535 Johns Place
Jamestown, NY 14701

or

Email: info@pharmacyinnovations.net