



Welcome to Signature Healthcare Pharmacy! We are excited to serve all of your pharmacy needs.

The staff at the Signature Healthcare Pharmacy understands your medical condition can be confusing. It could require special expertise when working with your medical provider and insurance company. We are dedicated to providing you with our expertise along with personal support. Our goal is for you to receive exceptional quality care including:

- Making pharmacists available 24 hours a day, 7 days a week
- Listening to you about any medication needs
- Monitoring the effectiveness and use of your medication
- Providing support for other conditions and symptoms
- Providing education on medication needs and medical conditions
- Coordinating services with your provider
- Obtaining prior authorization with your insurance company
- Providing up-to-date information on your order status including refill reminders, delays, or transfers
- Mailing or delivery of your medication(s) with no shipping costs
- Enrolling you in the Patient Management Program which provides benefits including:
 - Managing side effects
 - Helping you follow your medication prescriptions correctly
 - Accomplishing goals of treatment

Signature Healthcare Pharmacy	
Hours of Operations	Monday – Friday: 8:00 am – 6:00 pm Saturday: 8:00 am – 1:00 pm Sunday: Closed
Phone Number	(508) 894-0399
Email	retailpharmacy@signature-healthcare.org
Address	110 Liberty Street, Brockton, MA 02301

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing Signature Healthcare’s pharmacy services.

Sincerely,

The Signature Healthcare Pharmacy Team



What to Expect

We know managing a chronic disease or serious illness can feel difficult at times. We are here for you. At the Signature Healthcare Pharmacy, we are dedicated to working with you, your doctors, nurses, family, and caregivers. You are our highest priority.

Personalized patient care

We will work with you to discuss your treatment plan. We will address any questions or concerns you may have. Staff are available 24 hours a day, 7 days a week including holidays and weekends. Our after-hours staff are available to help with urgent clinical questions.

Working with your doctor

We will always discuss openly with you, your doctors, nurses, and caregivers. We are here to quickly address any treatment problems and/or difficulties you are experiencing.

When to contact us

- You have a question or concern about your medication or access to your medication
- You suspect a non-urgent reaction or allergy to your medication
 - If it is a health related emergency, call 911 immediately.
- Any change in medication use
- Changes in:
 - Contact information
 - Delivery address
 - Payment source
 - Insurance
- To discuss the status of your order
- To transfer your prescription

Regular follow-up

Getting your medications and medical supplies quickly is important. We will be in contact with you during treatment. We will be your healthcare advocate and will support your medication needs and answer your questions.

Benefits

Treatment can be costly. We will help direct you through the healthcare system and seek all available pricing options. Our relationships with insurance companies will help provide you with information and details of your drug and medical benefits. Your quality of care is our highest priority.

Delivery

We offer fast and convenient delivery via courier or shipping services. We can deliver to your home, workplace, or other preferred address. We will contact you 5 to 7 days before your refill due date and coordinate any medications you need. We will update your medical and insurance records, and set up and confirm a delivery date and address.

24/7 support

Our specialty pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or concerns you may have.

Financial assistance

Before your care begins, we will tell you the cost of the specialty medication.

Cost is determined by the following:

- Out-of-pocket costs such as deductibles
- Co-payments
- Co-insurance
- Annual and lifetime co-insurance limits
- Changes that occur during your enrollment period

Insurance claims

Staff will submit claims to your health insurance. Claims are submitted on the date your prescription is filled. We will let you know if we are an out-of-network pharmacy. We will give you the cash/out-of-pocket price of the medication upon request.

Co-payments

We must collect all co-payments prior to the shipment of your medication. Payments can be made by:

- Credit card (we accept most credit card vendors)
- Debit card
- Check or money order through the U.S. Postal service
- Cash (only for in-person pick-up)

Co-pay assistance referral program

Our team has access to programs to help with the cost of your medication. These programs include:

- Discount coupons from drug companies
- Payment vouchers
- Assistance from disease management foundations and drug companies
- Signature Healthcare's patient assistance program

Filling a prescription

Your doctor can send us your prescription or you can give it to us in person or through the mail. You will be contacted by a team member 5–7 days before your refill date. You can also contact us directly for a refill. Call us and speak to a pharmacy team member to process your refill request.

Drug recalls

Medications are recalled from time to time. If your medication is recalled, we will contact you. They will provide instructions as directed by the FDA and/or drug company.



Additional Information

Patient Management Program

The Patient Management Program provides benefits including:

- Managing side effects
- Increasing adherence to drug therapies
- Overall improvement of health when following directions and following the treatment plan

You can leave the Patient Management Program at any time. If you wish to leave the program, please call and speak to our pharmacy staff.

Adverse medication effects

Call 911 or go to your local emergency room in the event of a medical emergency. If you are experiencing minor adverse effects to the medication, please contact your doctor or the Signature Healthcare Pharmacy.

Emergency or disaster

We will work with you to make sure there is no delay in the receiving of your medication(s) in the case of an emergency or natural disaster. Please call us for instructions and to arrange different plans for the receiving of your medication(s). Instructions will include, but are not limited to:

- What the emergency or disaster is
- How/where/when to get your medication supply
- When the pharmacy will return to normal pharmacy staff.

Drug substitution requirements

The pharmacy is required by law to dispense the lowest cost drug for you, and may substitute generic drugs for brand name drugs. Your insurance may also require us to dispense lower cost alternative medication. If a change is required we will notify you before we fill your prescription. We will dispense brand name medication when your doctor requests it for you.

Medication issues and concerns

Patients and caregivers have the right to express complaints, concerns, errors, and/or recommendations on services to Signature Healthcare Pharmacy. This can be done by phone, fax, writing, or email. We want you to be satisfied with the care we provide. We are happy to schedule a phone call with our specialty pharmacy manager.

Proper disposal of unused medications

- If you are prescribed an injectable medication, place all needles, syringes, and other sharp objects into a sharps container. This container will be supplied by the pharmacy.
- Check with your local waste collection service for instructions on disposing of unused medications. You can also check the following websites:
 - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 - <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>



Patient Bill of Rights and Responsibilities

As a patient receiving our pharmacy services, you should understand your role, rights, and responsibilities involved in your own plan of care.

Patient Bill of Rights

- To choose who provides you with pharmacy services.
- To receive information about product selection. This includes ways to obtain medications not available at the pharmacy where the product was ordered.
- To receive the appropriate services in a professional manner, without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be treated with dignity, courtesy, and respect by everyone representing our pharmacy, and to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse. This includes injuries of unknown sources and misappropriation of client/patient property.
- To obtain information about health plan transfers to a different facility or Pharmacy Benefit Management organization. This includes when a prescription is transferred from one pharmacy service to another (please call the pharmacy for more information).
- To help in the creation and preparation of your plan of care to satisfy, as best as possible, your current needs, including management of pain.
- To be given adequate information from which you can give informed consent for initiation of services, continuation of services, transfer of services to another health care provider, or termination of services.

- To voice concerns, grievances, or recommendations about pharmacy services, policies, treatment, or care without fear of discrimination, retaliation, restraint, interference, or coercion.
- To ask for and receive complete and up-to-date information about your condition. This includes information on treatment, alternative treatments, risk of treatment, and/or care plans.
- To get treatment and services within the scope of your plan of care, quickly and professionally, while also being fully informed of our pharmacy's policies, procedures, and co-payments.
- To ask for receive data about treatment, services, and costs privately and with confidentiality.
- To be given information about the uses and disclosure of your plan of care.
- To obtain information to assist in interactions with the organization.
- To have your plan of care remain private and confidential, except as required and permitted by law.
- To obtain instructions on handling a drug recall.
- To have confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI). PHI will only be shared with the Patient Management Program in accordance with state and federal laws.
- To obtain information on how to access support from consumer advocacy groups.
- To obtain instructions on safe disposal of drugs in compliance with state and federal laws and regulations.
- To understand the philosophy and characteristics of the Patient Management Program.
- To be able to identify the program's staff members, including their job titles, and the right to speak with a supervisor. You will also be able to identify visiting staff members through proper identification.

- To have the right to speak to a healthcare professional.
- To receive information about the Patient Management Program, including administrative information about changes in or termination of the program.
- To be able to decline participation, revoke consent, or dis-enroll any time.
- To be informed before a service is provided, including the disciplines that provide care, the frequency of visits, and any changes to the plan of care.
- To be informed of charges, both orally and in writing, before care is provided. This includes payment for care or services expected from third parties along with any charges the client/patient will be responsible for.
- To receive information about the scope of services that the organization will provide and any specific limitations on those services.
- To participate in the creation and occasional changing of the plan of care.
- To refuse care or treatment after being presented with the consequences of refusing care or treatment.
- To be informed of client/patient rights under state law to prepare an advanced directive, if applicable.
- To be informed on agency's policies and procedures about the disclosure of clinical records.
- To be given the right to choose a healthcare provider including an attending physician, if applicable.
- To be informed of any financial benefits when referred to an organization.
- To be fully informed of one's responsibilities.

Patient responsibilities

- To give accurate and complete information about your past and present medical history, contacts, and any changes as necessary.
- To agree to a schedule of services and to report any cancellation of scheduled appointments and/or treatments.
- To notify the treating prescriber of their participation in the Patient Management Program.
- To participate in the development and updating of a plan of care.
- To communicate whether you clearly understand 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 you refuse treatment or do not comply with the prescribed treatment and services.
- To respect the rights of the pharmacy staff.
- To inform your doctor and the pharmacy team if you experience any potential side effects and/or complications.
- To inform Signature Healthcare Pharmacy via telephone when your medication supply is running low as to allow prompt shipment of medication.
- To submit any forms necessary to participate in the Patient Management Program to the extent required by law.
- To maintain any equipment provided.
- To have personal health information shared with the Patient Management Program only in accordance with state and federal laws.
- To decline participation or dis-enroll at any point in time.

If you have questions, concerns or issues that require assistance, please call 508-894-0399.





Notice of Privacy Practices

This notice describes how your personal medical information may be used, how it is disclosed, and how you can obtain access to this information. Please review it carefully.

Your health information

You can tell us your preference on what we share for certain health information.

You have choices in the way we use and share information.

- In these cases, you have the right to choose how we share your information:
 - Share information with your family, or others involved in your care
 - Share information in a disaster relief situation
- We never share your information unless you give us written permission

Other uses and disclosures

Here are some ways we may use your health information:

- To help manage the medications and treatment you receive
- To determine who is responsible for payment and payment amount
- To help with public health and safety issues
- To administer your medications and care plan
- To comply with the law and do research
- To address workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal action
- To make referrals for other health care services when a prescriber sends us your prescription information and diagnosis
- To use health and prescription information to better run our organization
- To share information about your bill to your health plan and coordinate payment
- To share health information with others whom we contract for administrative services
- To prevent or reduce a serious threat to anyone's health or safety
- To share information about you if state or federal laws require it, including the Department of Health and Human Services
- To use for research purposes
- To provide information to a coroner, medical examiner, or funeral director