



WELCOME TO BIOTEK REMEDYS - A SPECIALTY PHARMACY

We are here to support you with your specialty medication. Our team provides expert care through a personalized care plan, education for you and your caregiver, on-time delivery of your medicine and supplies, and coordination with your doctor, insurance, and nursing team. This packet contains important information to help you, so please take a few minutes to read it and keep it for future reference.

TABLE OF CONTENTS

Welcome and Table of Contents	Page 1
Introduction to Services	Page 2
Introduction to Patient Management Program	Page 3 - 4
Introduction to CitusHealth® Patient Portal	Page 5 - 6
Navigating Your Care	Page 7 - 12
BioTek reMEDys Directory	Page 13
Advocacy and Support Directory	Page 14 - 15
Receiving Your Specialty Medication and Supply Delivery	Page 16
Hand Hygiene Instructions	Page 17 - 18
Infusion Pump Information	Page 19
Sharps Safety Information	Page 20
Disposal of Unused Medication and Supplies	Page 21
Fire Safety Instructions	Page 22 - 24
Natural Disaster Instructions	Page 25 - 26
Language Services	Page 27 - 28
Patient Concern and Complaint Form	Page 29 - 30
Patient Rights and Responsibilities	Page 31 - 33
Notice of Privacy Practices	Page 34 - 39



INTRODUCTION TO SERVICES

Overview of Services

BioTek reMEDys has a team of highly trained clinical pharmacists who are experts in specialty medication. They oversee your drug regimen to make sure you get the most from your treatment and to help you avoid problems. Our team provides individualized care, offering personalized education and support so you can understand and manage your medications. We are always ready to answer your questions or to coordinate with your doctor to ensure you have the best care possible.

Corporate Contact Information

Call Toll Free: 1-877-246-9104

Email: info@biotekrx.com

Website: www.biotekrx.com

Pharmacy Locations

BioTek reMEDys, Inc.

2 Penns Way, Ste 404
New Castle, DE 19720

Toll Free: 877-246-9104

Fax Number: 800-783-9146

Hours of Operation: 8am-6pm EST

BioTek reMEDys South

7501 Fannin Street, Ste 900
Houston, TX 77054

Toll Free: 844-855-0101

Fax Number: 888-963-8103

Hours of Operation: 9am-5pm CST

All BioTek reMEDys Pharmacy locations will be **closed** on the following holidays:

- New Year's Day (January 1st)
- Memorial Day (Last Monday of May)
- Independence Day (July 4th)
- Labor Day (First Monday in September)
- Thanksgiving (Fourth Thursday in November)
- Christmas (December 25th)

After Hours Care

After hours care by a Pharmacist is available at all sites utilizing the toll-free phone numbers above. If you are unsure which location provides your care, please call BioTek reMEDys, Inc.

If you are experiencing a medical emergency, call 911 immediately. For urgent issues related to your therapy, please call the Pharmacy's toll-free number above.

INTRODUCTION TO THE PATIENT MANAGEMENT PROGRAM



Our Patient Management Program offers comprehensive support for your health journey. We provide services such as:

- Assessing your health at the start of your care and on an ongoing basis.
- Helping you understand your condition and medications.
- Monitoring your response to therapy and ensuring you can take your medicines as prescribed.
- Working with your provider and nursing team to coordinate your care.
- Connecting you with community services for additional support.

To ensure the best care, our Patient Management Program utilizes carefully designed plans for each medication and illness. These plans follow the latest medical and scientific knowledge, as well as trusted care guidelines for the following diseases:

- Alpha-1 Antitrypsin Deficiency
- Asthma
- Atopic Dermatitis
- Enzyme Replacements
- Fabry's Disease
- Gout
- Hemophilia
- Hepatitis C
- Hereditary Angioedema
- Hidradenitis Suppurativa
- HIV
- Immune Deficiencies
- Inflammatory Bowel Disease
- Migraine
- Movement Disorders
- Multiple Sclerosis
- Myasthenia Gravis
- Myositis
- Neuromyelitis Optica Spectrum Disorder
- Neuropathy
- Osteoporosis
- Pemphigus Vulgaris/ Bullous Pemphigoid
- Psoriasis/Psoriatic Arthritis
- Pulmonary Artery Hypertension
- Rheumatoid Arthritis
- Scleroderma
- Systemic Sclerosis
- Systemic Lupus Erythematosus
- Thyroid Eye Disease

Enrollment Status:

All patients who receive specialty medications at home or in a setting other than an infusion suite or doctor's office are automatically enrolled in the Patient Management Program. This service is free of charge. A patient may change their participation status in the program at any time by calling the pharmacy. Any request to change participation status will be immediately honored and documented in your patient record.



GOALS OF THE PATIENT MANAGEMENT PROGRAM

BioTek's Patient Management Program is designed to help patients with complex health conditions manage their high-cost medications. Our goal is to make sure you get your medication, understand your treatment plan, and achieve the best possible health outcome. As a member of the program, you may experience these benefits:

- **Easier access to care:** We can help you overcome systemic and social hurdles to get the care you need.
- **Greater knowledge:** We will help you and your caregivers better understand your condition, your medication, and how to take it.
- **Personalized side effect management:** We will work with you to find ways to reduce or cope with side effects so you can continue your treatment as prescribed.
- **Improved medication routines:** We will help you navigate challenges to reduce the number of late or missed doses.
- **Greater involvement in your care:** We will work together to create a care plan that is right for you, so you can feel more in control of your health journey and get the best results.
- **Greater coordination of services:** We will work with you and your caregiver, nurse, and prescriber to coordinate your healthcare services.
- **Pharmacist support, anytime:** A pharmacist is always available to answer your questions.

PATIENT MANAGEMENT PROGRAM RIGHTS AND RESPONSIBILITIES:

You have rights and responsibilities as part of the Patient Management Program. These rights and responsibilities help you take an active role in your health and promote your well-being.

Patient rights as they relate to the Patient Management Program include the right to:

- Have personal health information shared in accordance with state and federal law.
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Decline participation, or disenroll, at any point in time.

Patient responsibilities as they relate to the Patient Management Program include the responsibility to:

- Give accurate clinical information and provide notification when there is a change.
- Give accurate contact information and provide notification when there is a change.
- Notify the prescriber of your participation in the Patient Management Program.

INTRODUCTION TO CitusHealth®



Welcome to our specialty pharmacy! As a new patient, we want to make it as simple as possible for you to manage your health care. That's why we offer secure virtual access to the pharmacy through our CitusHealth® patient portal.

With CitusHealth®, you can take a more active and informed role in your health care, and our team can provide better, more efficient service. There are two options for accessing the portal:

1. Download CitusHealth® on your mobile device and enroll using the invitation provided by BioTek reMEDys.
2. Receive secure web links via text message or email to access services. No enrollment required. Time restricted multifactor authentication is required to access the web link.

All communication within the app or web portal, including forms, documents, chat messages and images are 100% HIPAA-secure and confidential. Everything you send is routed to the person most able to assist you with your needs, in the quickest way possible.

KEY FUNCTIONS OF CitusHealth®

Communication with the Team

- Schedule a delivery, change a delivery, or request a delivery status update.
- Notify the pharmacy of changes to your therapy, condition, or medication list.
- Notify the pharmacy of changes to your address or contact information.
- Notify the pharmacy of changes to your insurance coverage.
- Provide photos of insurance cards to ensure the correct information is on file.
- Request updates on prior authorization status or ask insurance-related questions.
- Send photos to the pharmacy if there are questions about your medication, supplies, or an event that occurred during treatment.
- Send documents to the pharmacy if there are questions about information received from your insurance company.

Provide Assessment Information

To ensure your safety, the pharmacy team will complete a clinical assessment that is reviewed by a Pharmacist. The frequency of this assessment is determined by your therapy and may not be required with every shipment.

Assessment information can be collected through a CitusHealth® form tailored to your condition or medication. Some patients find that this is more comfortable and convenient than completing the assessment by phone with a Patient Care Coordinator.



Using CitusHealth® we can send you required forms to complete on the app or web portal at your convenience.

Conduct a Virtual Visit

If it would be helpful to video chat with a Pharmacist for training, assessment of a side effect, or assessment of an adverse event, a secure video chat can be initiated through CitusHealth®.

Sign Required Documents

Documents requiring signature (e.g. consents) can be sent and returned through the app or web portal at your convenience. Some documents require your signature before medication can be shipped, so patients find this to be a great time saver.

Insurance companies require the pharmacy to maintain signed Delivery Tickets on file. These can be managed through CitusHealth®.

Receive Important Information

In the event of important service announcements or reminders, BioTek reMEDys can share information easily through CitusHealth®. This may include information such as anticipated weather concerns, updated procedures, and more.



TIPS FOR NAVIGATING YOUR CARE

Managing an illness and specialty medication can involve several steps and our goal is to help you successfully navigate and understand each one. Please review the key information below and if you have questions or concerns that have not been addressed, please call the pharmacy for assistance.

Who do I contact with questions about my medication or clinical care?

Your Patient Care Coordinator is available to assist with any questions or concerns and can be reached by calling the pharmacy or reaching out through CitusHealth®. If any clinical direction is needed, you may request to speak with a Pharmacist at any time.

What if I need assistance after hours?

Specially-trained pharmacists are available 24/7 on our toll-free phone numbers listed below to assist with any questions or concerns regarding your care or medication. The Nursing Coordination team is also available after hours via the on-call pharmacist. All other assistance will be provided during business hours.

- Main location: 877-246-9104
- South location: 844-855-0101

Who do I contact with other questions?

Please consult the BioTek reMEDys Directory located in this Welcome Packet for a list of departments available to support your care.

How do I start a new therapy or fill a new prescription?

To fill a new prescription, BioTek reMEDys will work with your provider to obtain the prescription and clinical paperwork necessary to initiate a new treatment. An Intake Coordinator will contact you to review the information received, obtain insurance information, and explain next steps.

Our team will then work with your prescriber's office and insurance company to coordinate prior authorization. If the prior authorization is denied, our team will continue to work with your prescriber's office and insurance company to coordinate the appeal process.

Once the prior authorization has been approved, your Intake Coordinator will review with you the details of your treatment plan, prior authorization, benefit coverage, and financial responsibility. If patient support programs (i.e. care management, financial support resources, patient education, etc.) are needed, you Intake Coordinator will connect you with the Financial Services Department.



If you are comfortable proceeding with care, a Nursing Coordinator and a Pharmacist will contact you to complete the next steps. The Pharmacist will conduct a clinical assessment over the phone, provide education and counseling, instructions, and schedule your first treatment. If you are receiving your care at home and your therapy requires a nurse to administer your medication, a Nursing Coordinator will make the necessary arrangements with a local nursing agency. If you are receiving your care in a doctor's office or infusion suite, that team will schedule your treatment.

The final step is to ensure that you have your medication and supplies. The Pharmacy will work with you to arrange delivery of all medication and supplies. This delivery will typically occur using FedEx, UPS, or a BioTek reMEDys delivery driver. Occasionally, alternative delivery services may be utilized.

If your therapy requires more than one dose per month, the pharmacy will coordinate with you, your prescriber, and your insurance company to determine the number of doses and supplies to send in each delivery.

How do I refill my medication?

After your initial shipment is coordinated by a Pharmacist, a Patient Care Coordinator (PCC) will be assigned to your ongoing care. Your Patient Care Coordinator will monitor the number of doses you have on hand and will begin working on your next order in advance of your supply running out. They will also work with your prescriber if a new prescription is required for refills.

If you receive less frequent doses of your medication, your Patient Care Coordinator will begin working on your next order one to two weeks in advance of your next anticipated treatment date.

If you are running out of medication, supplies, or are approaching your next scheduled treatment date and have not been contacted to schedule delivery, please contact your PCC by calling the pharmacy or sending a message via CitusHealth®.

To prepare your order, your PCC will review your records to ensure there are refills available on your prescription, the prior authorization is still valid, and your financial account is in good standing. If there are any concerns, the PCC will work with the appropriate department for resolution and provide updates to you as needed.

To ensure your safety, the pharmacy team will complete a clinical assessment that is reviewed by a Pharmacist. The frequency of this assessment is determined by your therapy and may not be required with every shipment. Assessment information can be collected either by a CitusHealth® form that is completed and returned virtually or by a telephone call with your PCC.

The final step in preparing for a refill delivery is reviewing supplies to ensure that you have everything on hand for a safe and effective treatment. Once this is complete, the PCC will schedule a delivery date. If at any time you have questions or concerns that are best managed by a Pharmacist, the PCC will ensure you are connected with one.



How do I get information about my prescription?

Written information about your prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this medication, please call the pharmacy and ask to speak to a pharmacist.

Se le proporcionó información por escrito sobre esta receta. Por favor lea esta información antes de tomar el medicamento. Si tiene alguna duda, un farmacéutico está disponible durante el horario laboral para responderlas. Puede llamar al 1-877-246-9104.

How do I know the status of my order or information about my prescription?

If you have questions, concerns, or are unclear on the status of your order please contact your Patient Care Coordinator by calling the pharmacy or sending a message via CitusHealth®.

How will my medication and supplies be delivered?

We ship all medications via FedEx, UPS, Postal Services, local drivers, or courier services. All medications will be carefully packaged to prevent breakage and maintain appropriate temperature. Medications that require refrigeration will be packed with ice packs and placed in a cooler box as needed.

Will there be an additional fee or charge for shipping or delivery of my medication?

No, there are no additional fees associated with shipping or delivery of your medication.

How do I store my medication?

Instructions regarding storage of your medication will be provided during initial counseling with a Pharmacist. Additionally, your shipment will contain an instruction sheet with information about medication storage.

If you have questions, concerns, or are unclear on medication storage instructions, please contact a Pharmacist by calling the pharmacy or sending a message via CitusHealth®.

Who will administer my medication at home?

The Nursing Coordination team will arrange for a skilled nurse from a nursing agency in your area to provide support, administer your medication, and closely monitor you during each treatment. The Nursing Coordination team and assigned nurse will work with you regarding scheduling appointment dates and times.

Can I administer my own medication or have a caregiver administer it?

A Pharmacist will determine if your medication is safe to be administered without a nurse, based on FDA guidelines and your specific treatment plan.

If your medication can be administered by a patient or caregiver and you are new to treatment or have not previously administered your own treatment, a Nursing Coordinator will arrange for a skilled nurse from a nursing agency in your area to provide training in your home.



If your medication is permitted to be administered by a patient or caregiver and you have previously administered your own treatment, a Pharmacist will confirm proper technique and assess if you are safe to continue doing so.

What if I have questions about my insurance coverage and financial responsibility?

Your Intake Coordinator is available for any questions you may have regarding current insurance coverage including if the pharmacy is in or out of network with your benefit plan, out-of-pocket expenses, and prior authorization status. If there are any changes to your insurance benefits, please notify the pharmacy team right away.

How do I pay for my patient balance or copay?

All copays are due at the time of service or when your medication is dispensed. Once your order is processed, you will also receive a statement by mail outlining your financial responsibility. Payment may be made by mail, phone, or through our secure Payment Portal at www.biotekrx.com. We accept Visa, MasterCard, American Express, checks, and money orders. A Patient Collector is available from 8am – 5pm EST at 877-246-9104 ext. 3001 for any questions you may have regarding your financial responsibility. They are also available to discuss payment plans or other assistance options if you have concerns about your ability to pay your bill.

What if I have questions or concerns about a bill I have received?

Your Patient Collector is available from 8am – 5pm ET at 877-246-9104 ext.3001 for any questions you may have regarding your financial responsibility. They are also available to discuss payment plans and other assistance options if you have concerns about your ability to pay your bill.

How do I transfer a current prescription to BioTek reMEDys?

Notify your Patient Care Coordinator or Pharmacist if you are a current patient who would like to transfer a different prescription to BioTek reMEDys.

If it is a medication we can dispense, we will work with your provider to obtain the prescription and clinical paperwork necessary to initiate a new treatment. An Intake Coordinator will contact you to review the information received, obtain insurance information, and explain next steps.

Our team will then work with your prescriber’s office and insurance company to coordinate prior authorization. If the prior authorization is denied, our team will continue to work with your prescriber’s office and insurance company to coordinate the appeal process.

Once the prior authorization has been approved, your Intake Coordinator will review with you the details of your treatment plan, prior authorization, benefit coverage, and financial responsibility. If patient support programs (i.e. care management, financial support



resources, patient education, etc.) are needed, your Intake Coordinator will connect you with the Financial Services Department.

If you are comfortable proceeding with care, a Nursing Coordinator and a Pharmacist will contact you to complete the next steps. The Pharmacist will conduct a clinical assessment over the phone, provide education, instructions, and schedule your first treatment. If you are receiving your care at home and your therapy requires a nurse to administer your medication, a Nursing Coordinator will make the necessary arrangements with a local nursing agency. If you are receiving your care in a doctor's office or infusion suite, that team will schedule your treatment.

The final step is to ensure that you have your medication and supplies. The Pharmacy will work with you to arrange delivery of all medication and supplies. This delivery will typically occur using FedEx, UPS, or a BioTek delivery driver. Occasionally, alternative delivery services may be utilized.

If your therapy requires more than one dose per month, the pharmacy will coordinate with you, your prescriber, and your insurance company to determine the number of doses and supplies to send in each shipment.

How do I transfer my prescription to another pharmacy?

If BioTek reMEDys is not able to provide your care for any reason, we will work with your insurance company and prescriber to ensure that your information is transferred to an alternate pharmacy or site of care.

How do I manage adverse drug events or report suspected medication errors?

BioTek reMEDys is dedicated to providing safe and accurate care. If you are experiencing a medical emergency, please dial 9-1-1. If you are experiencing non-life-threatening symptoms or side effects that are unexpected, please call the pharmacy and ask to speak with a Pharmacist. If you suspect an error has occurred, please call the pharmacy to report the situation to a member of the pharmacy team.

What if I have a concern about the quality of the medication or supplies I received?

BioTek reMEDys adheres to strict policies that require drugs and supplies be procured in a manner that ensures patient safety and compliance with State and Federal regulations. However, if a medication looks different than expected or the supply item does not function properly, please call the pharmacy to speak with a Pharmacist before utilizing the product.

BioTek reMEDys takes great care in specially packaging patient medication to prevent breakage and maintain appropriate temperature. If your package is visibly damaged upon arrival or the temperature of the medication is not what you would expect, please call the pharmacy to speak with a Pharmacist before utilizing the product.

What if there is a delay in the delivery of my medication?



Our pharmacy staff work diligently with the prescriber's office and insurance companies to ensure that prior authorizations and prescription refills are in place prior to your next delivery date. There are times that this process creates delays. When a delay in delivery cannot be avoided, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available.

What if there is a delay in delivery of my medication due to weather?

Our pharmacy staff closely monitors anticipated weather delays and will ship orders in advance when possible. If a delay in delivery cannot be avoided or occurs unexpectedly, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available.

How do I access my medications if there is a medication access issue, emergency or disaster?

Our pharmacy team closely monitors any situation that may result in a delay of care such as medication backorders and severe weather. In the event of severe weather, the pharmacy will ship orders in advance when possible. In the event of medication backorders, the pharmacy will work with industry partners to secure access to the product as quickly and compliantly as possible.

If there is a regional emergency or an emergency within the pharmacy that may result in a delay of care, the pharmacy team will work collaboratively across our sites. With pharmacies located in Texas and Delaware, there may be options to shift the dispensing pharmacy site in response to a regional emergency or internal emergency to avoid delay in delivery.

If a delay in delivery cannot be avoided or occurs unexpectedly, a member of the pharmacy staff will notify you, provide any necessary instructions, and provide updates as they are available. If your medication is not accessible via BioTek reMEDys, the pharmacy team will work with you to determine next steps.



What if I am going on vacation or will be away from my home when I need a delivery?

Notify your PCC in advance when you anticipate being at an alternate location at the time of your next delivery. Our team will work with you and your insurance company to either arrange delivery to your alternate location or attempt an authorization override for an early medication refill. This process may take several days so be sure to plan accordingly and notify your PCC as soon as possible to avoid a delay in therapy.

Is there patient advocacy support that I can contact?

As it is the BioTek reMEDys mission to see that all our patients have the highest level of care, we work hard to be your advocate. If you call the pharmacy or send a message via CitusHealth®, we will gladly connect you with an advocacy support group that meets your needs. You may also reference the Advocacy and Support Directory located within this packet.

Who can I tell about my satisfaction with my care?

We are committed to providing you with the best possible care. To do this, we value your opinion and rely on your feedback to help us understand what we are doing well and where we can improve. In the weeks following your treatment, you will receive an invitation by email to complete a patient experience survey.

Your responses are confidential and will not be linked to your medical care in any way. We truly appreciate you taking a few moments to share your thoughts with us. Thank you for helping us provide the best care possible.

What if I am not happy with my care?

We want to provide your therapy to your complete satisfaction. If you are not happy with the care you receive from us, we want to know about it. Your care will not be impacted in any way. All concerns will be reviewed promptly.

If you have any concern or problem with your medications, services, etc., you have the right to call the pharmacy at 1-877-246-9104, email us at complaints@biotekrx.com, or send a message via CitusHealth® and we will be glad to help you.

If you wish to file a written complaint you may do so using the Complaint Form included within this Welcome Packet. The Complaints Team will contact you within five (5) calendar days of receipt. You may submit complaints anonymously, but doing so may limit our ability to fully investigate the issue as we will be unable to contact you for clarification or further details.



BIOTEK REMEDYS DIRECTORY

ALL DEPARTMENTS ARE AVAILABLE MONDAY THROUGH FRIDAY

<u>CONCERN</u>	<u>DEPARTMENT</u>	<u>PHONE NUMBER</u>	<u>HOURS OF AVAILABILITY</u>
Pharmacy Services: <ul style="list-style-type: none"> • Medication or prescription information • Supply request • Delivery details • Side effects or reactions • Medication error • Missing medication • Missing supplies 	Patient Care Coordinator or Pharmacist	Main location: 877-246-9104 South location: 844-855-0101	8:00 a.m. - 6:00 p.m. EST PHARMACISTS AVAILABLE AFTER HOURS
Nursing Services: <ul style="list-style-type: none"> • Schedule a nursing visit • Change a nursing visit • Concerns about a nurse 	Nursing Coordinator	All Sites: 877-246-9104	9:00 a.m. - 5:00 p.m. EST NURSING COORDINATORS AVAILABLE AFTER HOURS
Prior Authorization Status for: <ul style="list-style-type: none"> • New therapy • Change of therapy • New insurance 	Intake Coordinator	All Sites: 877-246-9104 Ext. 4005	8:00 a.m. - 5:00 p.m. EST
Prior Authorization Status for a Refill	Patient Care Coordinator	Main Location: 877-246-9104 South Location: 844-855-010	8:00 a.m. – 6:00 p.m. EST
Refill Information: <ul style="list-style-type: none"> • Status of the prescription • Status of the prior authorization • Schedule a delivery 	Patient Care Coordinator	Main location: 877-246-9104 South location: 844-855-0101	8:00 a.m. - 6:00 p.m. EST
Payment or Billing Services: <ul style="list-style-type: none"> • Making a Payment • Starting a Payment Plan • Questions or concerns about a bill 	Patient Collector	All Sites: 877-246-9104 ext.3001	8:00 a.m. - 5:00 p.m. EST
Patient Support Program <ul style="list-style-type: none"> • Care Management • Financial Support Resources • Patient Education Resources 	Financial Support Services	All Sites: 877-246-9104 Ext. 3002	9:00 a.m. - 5:00 p.m. EST



ADVOCACY AND SUPPORT DIRECTORY

As your specialty pharmacy, we are dedicated to providing you with accurate and reliable information about your medication and condition. For questions, please contact our team of expert pharmacists and technicians.

We understand you may want to learn more about your condition and medication. However, please be aware that information from online forums or unverified websites may not be accurate or up-to-date. When seeking additional information, we recommend relying on reputable sources such as national disease foundations or your prescribing doctor. Please refer to this directory of reputable advocacy and support organizations for additional support.

<u>Condition</u>	<u>Advocacy and Support Organization</u>	<u>Website</u>
Asthma and Allergy	Asthma and Allergy Foundation of America	www.aafa.org
Asthma and Allergy	Allergy & Asthma Network	www.allergyasthmanetwork.org/
Hemophilia	Hemophilia Federation of America	www.hemophiliafed.org/
Hemophilia	National Bleeding Disorders Foundation	www.bleeding.org
Hidradenitis Suppurativa	The HS Foundation	www.hs-foundation.org
Hidradenitis Suppurativa	Hope for HS	www.hopeforhs.org
HIV	A Positive Life	www.apositivelife.com
Immune Deficiencies	Immune Deficiency Foundation	www.primaryimmune.org
Inflammatory Bowel Disease	Crohn's & Colitis Foundation	www.crohnscolitisfoundation.org
Lupus	Lupus Foundation of America	www.lupus.org
Migraine	American Migraine Foundation	www.americanmigrainefoundation.org
Migraine	National Headache Foundation	www.headaches.org

Multiple Sclerosis	National Multiple Sclerosis Society	www.nationalmssociety.org
Multiple Sclerosis	Multiple Sclerosis Association of America	www.mymsaa.org
Myasthenia Gravis	Myasthenia Gravis Foundation of America	www.myasthenia.org
Myositis	The Myositis Association	www.myositis.org
Neuromyelitis Optica Spectrum Disorder	Guthy Jackson Charitable Foundation	www.guthyjacksonfoundation.org
Neuromyelitis Optica Spectrum Disorder	NMOSD Won't Stop Me	www.nmosdwontstopme.com
Pemphigus Vulgaris/Bullous Pemphigoid	International Pemphigus & Pemphigoid Foundation	www.pemphigus.org
Psoriasis/Psoriatic Arthritis	National Psoriasis Foundation	www.psoriasis.org
Psoriasis/Psoriatic Arthritis	Psoriasis and Psoriatic Arthritis Alliance	www.papaa.org
Psoriatic Arthritis/ Rheumatoid Arthritis	Arthritis Foundation	www.arthritis.org
Rheumatoid Arthritis	Rheumatoid Arthritis Foundation	www.helpfightra.org
Scleroderma	National Scleroderma Foundation	www.scleroderma.org

<u>Additional Advocacy and Support Organizations</u>	<u>Website</u>
National Organization for Rare Disorders	www.raredisease.org
Mayo Clinic	www.mayoclinic.org/diseases-conditions



RECEIVING YOUR SPECIALTY MEDICATION AND SUPPLY DELIVERY

To ensure that your medication arrives intact, and safe for use, all medications will be specially packaged to prevent breakage and maintain appropriate temperatures. Medications that require refrigeration will be packed with ice packs and placed in a cooler box as needed.

Shipment Tracking & Alerts:

- Track Your Shipment: We offer shipment tracking for your convenience.
- Delivery Alerts: With your first shipment, you will receive an email from Virtue Script with an option to sign up for delivery alerts.
- Opting Out: If you prefer not to receive these alerts, the pharmacy will notify you of any unexpected delays.

Patient Responsibilities:

- Notify the pharmacy immediately of any changes to your contact information, delivery address, or insurance information.
- Be aware that your shipment may require a signature upon receipt. Your Patient Care Coordinator will notify you if that is the case.
- Open the package immediately after receiving it.
- Evaluate the contents of the package to ensure all medication and supplies were delivered and intact.
- If your medication requires refrigeration, it will be labeled with a “REFRIGERATE” sticker. If so, take it out of the shipping container and place it in the refrigerator right away.

Troubleshooting:

It is very important that you or a caregiver report any damaged or missing items to BioTek within 24 hours of receiving your delivery.

- Missing Items: BioTek reMEDys will deliver or ship the missing items as soon as possible to avoid any delay in care.
- Damaged Items: If your package appears damaged, items are broken, or a medication that requires refrigeration is warm, call the pharmacy right away. The Pharmacist will work with you to assess the situation and determine next steps.
- Wrong Medication or Supplies: BioTek will work with you to determine if the items received are an acceptable alternative. If not, the pharmacy will deliver or ship the missing items as soon as possible to avoid any delay in care.



HAND HYGIENE INSTRUCTIONS

For your safety, and the safety of others, the World Health Organization encourages everyone, patients, visitors, and healthcare workers, to clean their hands often. This is the most effective way to fight germs and prevent infections.

Key moments for hand hygiene

To protect yourself from infection, it is critical to clean your hands at these specific times:

- Before touching any of your infusion supplies.
- Before and after handling your IV catheter.
- Before preparing and eating or drinking.
- Before touching your eyes, nose, or mouth.
- After using the restroom.
- After touching garbage, pets, or pet waste.
- After coughing, sneezing, or blowing your nose.
- If you are in an infusion center or doctor's office, after touching facility surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Handwashing with soap and water

You must wash your hands with soap and water when they are visibly dirty, or before and after handling any infusion equipment.

1. **Preparation:** Remove all jewelry from your hands and wrists.
2. **Wet your hands:** Use clean, running warm water. Avoid using hot water, as it can irritate your skin.
3. **Apply soap:** Use a liquid antiseptic or regular liquid soap. Bar soap is not recommended as it can harbor bacteria. Apply a nickel-sized amount of soap to your hands.
4. **Lather and scrub:** Rub your hands together vigorously for at least 20 seconds, creating a good lather.
 - a. Scrub all surfaces, including the back of your hands, wrists, and between your fingers. Be sure to clean underneath your fingernails.
 - b. If you need a timer, hum the "Happy Birthday" song twice.
5. **Rinse thoroughly:** Keep your fingers pointed down and rinse your hands completely under running water.
6. **Dry your hands:** Dry your hands and wrists completely with a clean, single-use paper towel. Do not use cloth towels, as they can carry germs.
7. **Turn off faucet:** Use a clean paper towel to turn off the faucet handles to avoid re-contaminating your hands.



8. **Avoid contamination:** After washing, touch only your infusion supplies. If you touch anything else, such as furniture or clothing, you must wash your hands again.

Using an alcohol-based hand sanitizer

If your hands are not visibly soiled, an alcohol-based hand sanitizer is a good alternative when soap and water are unavailable.

1. **Check the product:** Use a hand sanitizer that contains at least 60% alcohol.
2. **Apply product:** Dispense enough product into the palm of one hand to cover all surfaces of both hands.
3. **Rub your hands:** Vigorously rub your hands together, covering all surfaces of your hands, fingers, and wrists.
4. **Wait to dry:** Continue rubbing until your hands are completely dry, which should take about 20 seconds.

Speak up for Clean Hands in Healthcare Settings

Wearing gloves alone is not enough for your healthcare provider to prevent the spread of infection.

- Clean your own hands and ask those around you to do the same.
- Don't be afraid to use your voice: it's okay to ask your healthcare provider to clean their hands. Ask questions like:
 - "Before you start the exam, would you mind cleaning your hands again?"
 - "I didn't see you clean your hands when you came in, would you mind cleaning them again before you examine me?"
 - "I'm worried about germs spreading in healthcare facilities. Will you please clean your hands once more before you start my treatment?"
- Ask your loved ones and visitors to clean their hands, too.



INFUSION PUMP INFORMATION

An infusion pump is a medical device used to deliver a set amount of medication or fluids into the body over a specified period of time. The use of an infusion pump ensures the medication is delivered at the correct rate. This is crucial for maintaining your safety and preventing side effects, toxic levels, or complications such as vein damage.

If your therapy requires the use of an infusion pump, BioTek reMEDys will provide you with one that is designed for home use. The infusion pump is an important piece of your care and requires specific handling to ensure safe use.

Pump Care and Handling

- **Keep it dry:** Keep the pump dry and protect it from water.
- **Avoid pressure:** Do not sit or lie on the pump or tubing, which can cause kinks or blockages.
- **Handle with care:** Avoid squeezing or shaking the pump.
- **Keep near room temperature:** Store the pump at room temperature, away from direct sunlight or extreme cold, as temperature can affect the medication's flow rate.
- **Monitor the battery:** Be aware of low battery indicators and plug the pump in when not in use. Forgetting to plug it in can lead to power loss.

Pump Maintenance

- Infusion pumps are subject to annual preventative maintenance managed by BioTek reMEDys.
- You will be contacted by either a member of the Equipment Team or your Patient Care Coordinator when your infusion pump is due for maintenance.
- The pharmacy will provide a prepaid box and instructions for returning the infusion pump. You will be provided a replacement pump in time for your next treatment.
- It is essential that you promptly return the pump upon request.
- Promptly complete and return all forms associated with your infusion pump to the Pharmacy by prepaid envelope or CitusHealth®.

It is not safe to infuse medication with a pump that has not undergone preventative maintenance.

Pump Terms

- Equipment cannot be loaned or transferred to a third party.
- Do not modify the equipment in any way.

Report any problems, alarms, or malfunctions to the pharmacy right away.



SHARPS SAFETY INFORMATION

Using your sharps container

- Place all used needles, syringes, and other sharps directly into the red sharps container provided.
- Do not put the cap back on a needle.
- Never try to remove a needle from the syringe.
- Never force items into the container.
- Keep the container stored in a safe, upright position away from children and pets.
- Never try to retrieve an item once placed into the sharps container.

When the container is full

- Request a new sharps container by filling out your Infusion Supply List form and returning it to the pharmacy. Alternatively, you can contact your Patient Care Coordinator by calling the pharmacy or sending a message via CitusHealth®.
- Stop using the container when the contents reach the marked "fill line," or when it is approximately three-quarters full.
- Once full, securely close the lid until it locks.
- Reinforce the lid with heavy-duty tape.
- Write "SHARPS - DO NOT RECYCLE" in permanent marker on the container.

Disposal options

- **Mail-back program:** Use the prepaid, pre-labeled box provided by the manufacturer to mail your sealed sharps container back for disposal. Follow the manufacturer shipping instructions carefully.
- **Drop-off site:** Contact your local hospital, pharmacy, or health department to inquire about sharps disposal drop-off sites. A list of local resources can also be found at SafeNeedleDisposal.org.
- **Household hazardous waste (HHW) event:** In some jurisdictions, full sharps containers can be brought to special HHW collection events. Check with your local waste management service for details.
- **Household trash (if permitted):** In some jurisdictions, securely sealed containers can be disposed of in the regular trash. Place the sealed and taped container in the middle of a full, dark-colored trash bag. **Do not put it in your recycling bin.**



DISPOSAL OF UNUSED MEDICATION AND SUPPLIES

DUE TO PHARMACY REGULATIONS, UNUSED MEDICATION AND SUPPLIES CANNOT BE RETURNED TO THE PHARMACY

This document provides guidance on the safe and proper disposal of unused or expired medications. Following these instructions is crucial for protecting the public, preventing drug misuse, and safeguarding the environment.

Unused Medication Disposal:

The best method is a drug take-back program.

- **Permanent drop-off sites:** Many pharmacies, hospitals, and law enforcement facilities have secure, year-round kiosks where you can drop off unwanted medications.
- **National Take-Back Days:** The U.S. Drug Enforcement Administration (DEA) sponsors nationwide take-back days, typically twice a year. Information can be found on the DEA's website www.dea.gov/takebackday

Important safety warnings:

- Do not share your medication. Prescription drugs are intended only for the person for whom they were prescribed.
- Prevent accidental ingestion. Keep all medications out of the reach of children and pets at all times.
- Needles and other sharps: Never dispose of needles, syringes, or other medical sharps in the trash or a medication drop-off box. Use a designated sharps disposal container.
- Inhalers and aerosols: Do not put inhalers or aerosol cans in drug take-back boxes. Follow your local waste management guidelines for proper disposal

Unused Supply Disposal (Non-sharp, Non-drug Only):

For supply items like IV tubing, alcohol wipes, or gauze, you can:

- **Place in an opaque bag:** Gather all unused, non-sharp supplies and put them into a bag that is not see-through. For extra safety, place this bag inside a second one before putting it in your household trash.
- **Consider donation:** Many animal shelters or veterinary clinics can accept unused medical supplies intended for humans. Always contact your local shelter or clinic first to confirm what they can accept and their specific donation guidelines.



FIRE SAFETY INSTRUCTIONS

Fire Emergency

If you discover a fire:

1. **Rescue:** Rescue anyone from immediate danger.
2. If a person is unable to walk: Tie a knot in the head and foot of a bedsheet. Using the sheet, pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety.
3. **Alarm:** Activate the nearest fire alarm. In the absence of a fire alarm, alert all occupants in the immediate vicinity by shouting a clear and loud warning.
4. **Contain:** If safe to do so, try to contain the fire by closing all doors in the fire area and turning off any nearby oxygen.
5. **Extinguish:** If the fire is contained in a small, localized area attempt to extinguish.
6. If unable to extinguish, evacuate the building and notify the fire department by calling 9-1-1.

To operate a fire extinguisher:

1. **Pull:** Pull the pin, release a lock latch or press a puncture lever.
2. **Aim:** Aim the extinguisher at the base of the fire.
3. **Squeeze:** Squeeze the handle of the fire extinguisher.
4. **Sweep:** Sweep from side-to-side at the base of the flame.

Home Oxygen Safety

For home infusion patients who also use home oxygen, safety is crucial to prevent fire hazards and other accidents. While oxygen does not burn on its own, it causes other materials to ignite more easily and burn much hotter and faster.

Home infusion patients have an added layer of complexity due to their infusion pumps, supplies, and medications.

- **Avoid clutter around equipment:** Keep oxygen and infusion supplies separate and organized to prevent tripping or entanglement.
- **Battery and electrical safety:** Be mindful of both oxygen concentrator electrical cords and infusion pump power sources. Never overload outlets.
- **Flammable materials:** Some infusion supplies, such as alcohol prep pads, can be flammable. Ensure they are kept well away from oxygen equipment.



- **Emergency protocol:** When planning your fire escape route, make sure you can disconnect your infusion pump and safely take your portable oxygen with you.

Critical fire and safety warnings:

- **No smoking:** Absolutely no smoking, vaping, or open flames should be allowed in the home. Post clear "No Smoking" and "Oxygen in Use" signs inside and outside the home to warn all visitors.
- **Keep away from heat:** Maintain at least a 6 to 10-foot distance between your oxygen equipment and all heat sources, including:
 - Gas or electric stoves
 - Fireplaces and candles
 - Space heaters and radiators
 - Heating pads and electric blankets
 - Hair dryers, electric razors, and other devices that can cause a spark
- **Avoid flammable products:** Do not use or store oil-based creams, lotions, petroleum jelly (Vaseline), alcohol-based hand sanitizers, or aerosol sprays near oxygen equipment.
- **Prevent static electricity:** Wear cotton clothing and use cotton bedding instead of synthetic fabrics, which can produce sparks from static electricity.
- **Install safety equipment:** Ensure that you have working smoke detectors and a fire extinguisher readily accessible. Test smoke detectors regularly and know how to use the fire extinguisher.
- **Emergency plan:** Inform your local fire department and power company that you have a resident using medical oxygen. In case of a power outage, the utility company may prioritize your home.

Equipment storage and handling:

- **Store tanks properly:** Oxygen tanks must be stored upright in a secured holder or cart to prevent them from falling over. Store tanks in a well-ventilated area, away from heat and direct sunlight.



- **Ensure ventilation for concentrators:** Do not store an oxygen concentrator in a small closet or enclosed space. Keep it several inches away from walls or curtains to allow for proper airflow and prevent overheating.
- **No extension cords:** Concentrators should always be plugged directly into a properly grounded electrical outlet. Do not use extension cords or power strips.
- **Beware of frostbite:** If you are using liquid oxygen, do not touch any frosted parts of the equipment. The extremely cold temperature can cause severe burns.

Safe use and travel:

- **Do not change flow rate:** Never adjust the prescribed oxygen flow rate. If you believe the setting is incorrect, contact your healthcare provider.
- **Turn off oxygen when not in use:** When not wearing the mask or nasal cannula, turn off the oxygen supply.
- **Avoid tripping:** Be aware of your oxygen tubing to prevent tripping. Secure it to your shirt with tape or call your provider about ways to secure tubing along the floor.
- **Maintain equipment:**
 - Check oxygen tubing for cracks and leaks.
 - Clean your nasal cannula regularly and replace it every 2–4 weeks.
 - Clean the concentrator's filter once a week with warm, soapy water.
- **Prepare for travel:** Secure tanks in a vehicle to prevent them from rolling. Keep windows slightly open for ventilation. Inform airline or bus companies well in advance if you plan to travel.



NATURAL DISASTER INSTRUCTIONS

Earthquake, Hurricane, Flood, Tornado

In the event of a natural disaster, follow instructions from your local law enforcement and first responders.

Pre-Disaster Planning:

1. **Emergency Kit:** In areas prone to natural disasters, prepare an emergency kit for use in power outages and evacuation. Create an emergency kit specific to your needs that includes but is not limited to:
 - a. Bottled water and non-perishable food.
 - b. Prescription and over the counter medications with a waterproof medication and allergy list.
 - c. A cooler with reusable ice packs for medications that require refrigeration.
 - d. Extra medical supplies depending on your condition. May include tubing, catheters, saline flushes, alcohol and a sharps container.
 - e. Sanitation items like soap, hand sanitizer, and moist towelettes.
 - f. Battery powered radio and flashlights with extra batteries.
 - g. A copy of your photo ID and insurance card.
 - h. Cash, as ATMs may be unavailable.
2. **Establish a Communication Plan:** Have available the BioTek reMEDys phone number, prescriber's phone number, and an out-of-area emergency contact. Share your emergency plan with trusted family members, neighbors, and caregivers.
3. **Prepare for Power Outages:**
 - a. Inform your local utility company if you depend on life-sustaining medical equipment. Some companies keep a registry and prioritize restoring power to these individuals.
 - b. Notify BioTek reMEDys of a potential power outage and ensure you have battery backup for your infusion pump.
 - c. Speak with a Pharmacist to determine if manual infusion techniques will be an option in case of a prolonged power outage.
4. **Organize Medical Information:** Create an easy-to-access document with critical medical details such as:
 - a. Medical conditions and allergies.
 - b. Medication list (name, dose, frequency, and reason).
 - c. Special equipment needs.
 - d. Emergency contacts.



5. **Arrange Alternative Care:** Discuss a backup plan with your doctor and pharmacy in case you cannot safely remain in your home during a disaster.
 - a. Consult with BioTek reMEDys on potential alternative infusion sites in other areas.
 - b. Plan evacuation routes and transportation options ahead of time.

During a Disaster:

- **Stay informed.** Use your radio or other battery-powered devices to listen for official announcements regarding the disaster and potential evacuation orders.
- **Follow your plan.** Put your communication, evacuation, and infusion plans into action.
- **Conserve power.** If there is a power outage, use the battery backup for your pump. Use refrigerated medications first or place them in your cooler with ice packs.
- **Prevent additional injury.** Stay away from windows or broken glass. Wear shoes at all times. Check for gas or water leaks and turn off appropriate valves.
- **Contact your provider.** Notify BioTek reMEDys and your prescriber of your location and status. They can help arrange for resupply or alternative care if needed.
- **Evacuate if necessary.** If authorities issue an evacuation order, grab your emergency kit and follow your pre-planned route. If you need assistance evacuating, call 9-1-1.

Post-Disaster Care:

- **Contact your provider.** Once you are safe, contact BioTek reMEDys to arrange for the next supply delivery, if necessary.
- **Assess and monitor.** Check all medications and supplies. Discard any refrigerated medications that may have been spoiled by a power outage. If you notice any signs of infection or other medical issues, contact your prescriber.
- **Update and review your plan.** After the event, evaluate your plan and update it based on your experience, so you are better prepared for the next time.



LANGUAGE SERVICES

BioTek reMEDys provides free language services to people whose primary language is not English including quality interpreters and information written in other languages.

BioTek reMEDys provides free aids and services to people with disabilities to facilitate effective communication about your care. Services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats).

Hearing Impairment:

If you are hearing impaired, please access the Delaware Relay Services at (800) 232-5760 or from any state by dialing 711.

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-246-9104

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-246-9104

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-246-9104

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-246-9104

Deitsch (Pennsylvania Dutch):

Wann du [Deitsch (Pennsylvania German/Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-877-246-9104

Italiano (Italian):

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-246-9104

العربية (Arabic):



ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-246-9104.

Français (French):

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-246-9104

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-246-9104

Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-246-9104

Kreyòl Ayisyen (French Creole):

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-246-9104

Português (Portuguese):

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-246-9104.

हिंदी (Hindi):

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ उपलब्ध हैं। कृपया 1-877-246-9104 पर कॉल करें।

日本語 (Japanese):

ご注意：日本語を話される方には、無料の言語支援サービスをご利用いただけます。1-877-246-9104までお電話ください。



PATIENT CONCERN AND COMPLAINT FORM

At BioTek reMEDys, we strive to provide your therapy to your complete satisfaction. You have the right to address any concerns or problems with the medications, customer service, or clinical care you receive while under our care.

If you wish to file a complaint, you may do so in the manner most comfortable for you including:

- Place a call to the Director of Quality Management and Clinical Operations at 877-246-9104 ext. 4059
- Send an email with your name and contact information to complaints@biotekrx.com
- Complete this form and return it to:

BioTek reMEDys, Inc.

ATTN: Complaints Department

2 Penns Way, Suite 404

New Castle, DE 19720

The Complaints Team will contact you within five (5) calendar days of receipt of the complaint to understand the situation and provide resolution when possible.

Patient Name: _____ **Date of Birth:** _____

Name of Person Submitting the Complaint: _____

Employee Involved (If applicable): _____

Nature of Concern:

Date Form Completed:

Email or Phone Number:



Additional Patient Concern and Complaint Information

At BioTek reMEDys, we strive to provide your therapy to your complete satisfaction. You have the right to address any concerns or problems with the medications, customer service, or clinical care you receive while under our care.

In addition to your right to notify BioTek reMEDys of any complaints, you may also contact The Joint Commission (TJC) and/or the state agency for each pharmacy location.

Agency	Address	Additional Contact Information
The Joint Commission (TJC) <i>Office of Quality and Patient Safety</i>	The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181	Phone: 1-800-994-6610 Alternate Phone: 1-630-792-5800 Fax: 630-792-5636 Email: Complaint@jointcommission.org
Delaware Health and Social Services (DHSS)	Delaware Health and Social Services 261 Chapman Rd. Suite 200 Newark, DE 19702	Phone: 302-292-3930 Toll Free: 1-800-942-7373
Texas Health and Social Services (HHS) <i>Complaint and Incident Intake</i>	Texas Health and Social Services Complaint and Incident Intake Mail Code E249 P.O. Box 149030 Austin, TX 78714-9030	Phone: 512-438-2724 Toll Free: 1-877-438-5827



PATIENTS' RIGHTS AND RESPONSIBILITIES

Patient Rights

BioTek reMEDys, Inc. ("BioTek") is committed to providing high-quality, compassionate care and respecting each patient's rights under applicable laws and regulations. Patients, or their legally designated representatives, have the right to:

- Be treated with dignity and respect at all times.
- Receive carefree from discrimination, harassment, abuse, or neglect.
- Participate in your care planning and make informed decisions about your treatment.
- Be informed in a way that is clear, honest, and understandable.
- To have access, when possible, to an interpreter if the patient, or legally designated representative, does not speak English. To expect reasonable accommodations for effective communication, including accommodations for hearing, speech and visual impairments.
- To have all records pertaining to your care treated as confidential except as otherwise provided by law or third-party contractual agreements.
- To be provided with upon request, within a reasonable time frame, access to your medical records, unless restricted for medical reasons, and to request amendments or disclosures of your information, in accordance with laws and regulations.
- Receive care in a safe environment by qualified professionals.
- Choose or change your care providers or pharmacy team.
- Refuse treatment or services as permitted by law and be informed of the consequences.
- To examine and receive a detailed explanation of the bill of services.
- To be informed, within a reasonable time, of the source of the pharmacy's reimbursement for services and any limitations that may affect your care.
- To receive clear and timely information about all costs, insurance coverage, and your financial responsibilities.
- Formulate and have honored an Advance Directive or Do Not Resuscitate order, when applicable.
- Be informed of any potential conflicts of interest related to your care.



Related Patient Rights

- To have cultural & religious beliefs respected.
- To be informed about the outcomes of care including unanticipated outcomes.
- You have the right to get information about your care in your language.
- You should be active in your healthcare.
- You should pay attention to the instructions given to you by your caregivers. Follow the instructions.
- BioTek's Ethics Committee is available to consult with families when facing difficult care decisions or ethical concerns, including but not limited to informed consent, treatment refusal, or conflicts involving personal values, religious beliefs, or cultural practices.

Patient Responsibilities

- A patient is expected to cooperate with and follow the given care and treatment with instructions and accept the consequences of not following instructions.
- A patient must provide information about their medication and health history, including present complaints, past illnesses, hospitalizations and indications of perceived risks in their care.
- A patient is expected to provide updates regarding changes to their address, insurance information, or contact details in a timely manner.
- A patient is expected to show respect and consideration.
- A patient is expected to ask questions if they do not understand.
- A patient is expected to notify BioTek of any equipment malfunctions, medication reactions, or changes in their condition.
- A patient is expected to store medications, and infusion supplies safely and as instructed.
- A patient is expected to be available for scheduled deliveries, appointments, or communications related to their care.
- A patient has the responsibility to meet financial obligations to the pharmacy for the services rendered.
- A patient or family member is expected to report concerns related to care, treatment, services and patient safety issues.



Concerns About Your Care

You have the right to submit either verbally or in writing concerns about your care to the Complaints Department:

2 Penns Way, Suite 404
New Castle, DE 19720
877.246.9104 x 4059

In addition to submitting complaints, a patient also has the right to notify the Department of Health and Human Services if the patient believes his or her rights have been violated by contacting:

Delaware Health and Social Services (DHSS): <i>Delaware Health and Social Services</i> 261 Chapman Rd. Suite 200 Newark, DE 19702 Phone: 302.292.3930 Toll Free: 800.942.7373	Texas Health and Social Services (THHS): <i>Texas Health and Social Services</i> <i>Complaint and Incident Intake</i> Mail Code E249 P.O. Box 149030 Austin, TX 149030 Phone: 512.438.2724 Toll Free: 877.438.5827
---	--

BioTek reMEDys is committed to providing the highest quality and safest care for each patient. It is our privilege to serve. If your concerns cannot be resolved at the pharmacy level, you may contact The Joint Commission (TJC). TJC does not address billing, payment, labor relations issues or individual clinical management of patients. If the concerns in question cannot be resolved at the pharmacy level, then TJC may be contacted as stated below:

Division of Accreditation Operations, Office of Quality Monitoring, Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. FAX 630.792.5636, Email: complaint@jointcommission.org.



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.

This is your Notice of Privacy Practices from BioTek reMEDys. **Please read it carefully.** This describes how we may use and disclose your protected health information we have in order to carry out treatment, payment, and health care operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your protected health information. “Protected health information” is information about you, including basic demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice is required by privacy regulations (the “HIPAA Privacy Rules”) issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with a notice of our legal duties and privacy practices with respect to protected health information; and
- Abide by the terms of this Notice.

Use and Disclosure of Protected Health Information Without Your Authorization

The following categories describe different ways that BioTek reMEDys may use and disclose your protected health information without getting a special form of written permission from you called an “authorization” under the HIPAA Privacy Rules.

Treatment: We will use and disclose your protected health information in order to provide treatment to you. For example, protected health information will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed and services provided to you.

Payment: We will use and disclose your protected health information in order to obtain payment for health care services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer 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. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.



Health care Operations: We will use and disclose your protected health information in order to carry out our general business operations as a health care provider. For example, we may use information in your health record to monitor the performance of the pharmacist's providing treatment to you. We will share your protected health information with third party business associates that perform various activities for us.

As required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. We may also disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Food and Drug Administration: We may disclose your protected health information to a person or company subject to the jurisdiction of the Food and Drug Administration ("FDA") to report adverse events, product defects or problems, biologic product deviations, track FDA-regulated products; to enable product recalls; to make repairs or replacements, to conduct post marketing surveillance, or for other purposes related to the quality, safety or effectiveness of a product or activity regulated by the FDA.

Employers: We may disclose protected health information to an employer, about an individual who is a member of the workforce, as legally permitted or required if we are providing health care at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related injury or illness.

Law Enforcement: We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: as required by law including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death and in an emergency to report a crime.



Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

Judicial and Administrative Proceedings: We may disclose protected health information about you in response to an order of a court or administrative tribunal as expressly authorized by such order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process not accompanied by an order of a court or administrative tribunal.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

To Coroners, Funeral Directors, and for Organ Donation: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out its duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for the purpose of facilitating cadaveric organ, eye, or tissue donation.

Research: We may use and disclose your protected health information for medical research purposes.

Military and Veteran: If you are a member of the armed forces, including foreign military, we may use and disclose protected health information about you as required by military command authorities.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for the conduct of intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose protected health information about you to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Correctional Institution: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official protected health information necessary for the provision to you of health care services, your health and safety, the health and safety of others, law enforcement on premises of the correctional institution and the administration and maintenance of the safety, security and good order of the correctional institution.



Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose protected health information about you 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.

Refill and Appointment Reminders; Health Related Benefits and Services: We may contact you to provide refill or appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information to encourage you to purchase or use a product or service through face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations: We may disclose your protected health information to you or to your personal representative and we are required to disclose your protected health information in certain circumstances described below in connection with your rights of access to your protected health information and to an accounting of certain disclosures of your protected health information. We must also disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance with the privacy regulations issued under HIPAA.

Other Uses and Disclosures That May Be Made Without Your Authorization

We also may use and disclose your protected health information in the three instances set forth below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances have the opportunity to agree or object to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: We may disclose to a member of your family, a relative, a close friend or any other person you identify your protected health information directly related to that person's involvements in your care a payment related to your case.

Notification: We may use or disclose your protected health information about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, or death.

Disaster Relief: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that doing so would impede our ability to respond to emergency circumstances.



Your Health Information Rights

You have the following rights with respect to protected health information about you:

Obtain a Paper Copy of the Notice Upon Request: You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this notice, call **(844) 482-2005** and ask to speak with our Privacy Officer or email us at info@biotekrx.com.

Right to Request a Restriction on Certain Uses and Disclosures of Protected Health Information: You may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care. While we consider your request, **we are not required to agree to it**. If we do agree to the restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. To request a restriction, you must make your request in writing to our Privacy Officer or email us at info@biotekrx.com.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on protected health information uses or disclosures that are legally required, or which are necessary to administer our business.

Right to Inspect and Copy your Protected Health Information: You have the right to inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. The “designated record set” usually will include prescription and billing records and any other records we use for making decisions about your healthcare. To inspect or copy your protected health information, you must send a written request to our Privacy Officer or email us at info@biotekrx.com. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. However, certain types of protected health information will not be made available for inspection or copying. This includes psychotherapy notes, and information compiled by us in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to cause substantial harm to another person referenced in the information. You have the right to request a review of this decision.

Request an Amendment of Protected Health Information: You may request an amendment of protected health information about you in a designated record set for as long as we maintain the protected health information. To request an amendment, you must send a written request to our Privacy Officer. In addition, you must include a reason that supports your request. We may deny your request for amendment if it is not in writing or does not include a reason that supports the request. If we deny your request for amendment, you have the right to file a statement of



disagreement with the decision and we may prepare a rebuttal to your statement, and we will provide you with any such rebuttal.

Receive and Accounting of Disclosures of Protected Health Information: You have the right to receive an accounting of certain disclosures we have made of your protected health information. This list will not include many types of disclosures, including those made for treatment, payment, or health care operations; disclosures we have made directly to you or your personal representative; disclosures to friends or family members involved in your care; disclosures for notification purposes; and disclosures made with your authorization. To request an account, you must submit your request in writing to our Privacy Officer. Your request must specify the time period from which you want to receive an accounting of disclosures. The time period may not be longer than six years and may not include dates. Your request should indicate in what form you want the accounting (for example, on paper or electronically). The first accounting you request within a 12- month period will be provided free of charge. We may charge you for any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Request Confidential Communications of Protected Health Information: You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communication of protected health information you must submit your request in writing to our Privacy Officer. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests. We will not require you to provide an explanation for your request.

Change to this Notice

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any protected health information we receive in the future. The effective date of this Notice is January 1, 2018. If we change the terms of this Notice, you will receive a copy of any revised notice from us by mail.

Complaints or Questions

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact (877) 246-9104.

We will not retaliate against you for filing a complaint.

If you have a question about this privacy notice, please contact our Privacy Officer at (877) 246- 9104 x 4124.