



## Welcome to ivira Specialty Pharmacy!

Ivira Pharmacy was founded in 2015 by our President Jay C. Patel. ivira Pharmacy was born out of the idea that people deserve and want to have a relationship with their local pharmacist. Dr. Patel's passion was to serve the community providing a family friendly environment where people could get all their medication needs met in one place.

Today, treatments are available that are providing patients with hope where there never was before. Advancement in medication has led to improved quality of life and even cure for some life-threatening illnesses. This need helped pave the way for ivira Specialty Pharmacy.

Ivira Specialty Pharmacy is an independent specialty pharmacy that provides specialty pharmacy needs for patients across the Mid-Atlantic region.

Ivira Specialty Pharmacy provides advanced pharmacy services for the following disease states:

- ❖ HIV treatment and prevention
- ❖ Growth Hormone
- ❖ Chronic Inflammatory Conditions
- ❖ Other Rare and Chronic Specialty Conditions

Today, ivira Specialty Pharmacy provides mail-to services for specialty medications. Patient services include disease education, therapy management, patient education, medication administration, compounding, and much more! At ivira Specialty Pharmacy Connection, Care, and Community is at the heart of our company. We believe that patients deserve the very best care, from a pharmacy that is close to home.

**Scan the QR code below to  
access the digital version**





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## Our Mission

To help our customers meet their medication needs by:

- ❖ providing advanced pharmacy services,
- ❖ creating personal connections, and
- ❖ serving the communities, we practice in.

## Our Vision

To become a regional leader in specialty pharmacy care while maintaining our roots to community pharmacy practice.

## Our Team

### Jay C. Patel, President, Founder, Compliance Officer

- ❖ Graduated with a **Doctor of Pharmacy degree from University of the Sciences in Philadelphia, 2013.**
- ❖ Five years of experience in community pharmacy practice, and
- ❖ Three years of experience in pharmacy ownership.
- ❖ Recipient of **Delaware's Young Entrepreneur Award 2017** and **Pharmacist's Mutual Distinguished Young Pharmacist Award 2018.**

✉ [jay@ivirahealth.com](mailto:jay@ivirahealth.com)

### Christopher Cook, VP – Specialty Pharmacy

- ❖ Graduated with Doctor of Pharmacy degree from Rutgers University, 2005 with high honors,
- ❖ Thirteen years of experience in retail pharmacy, and
- ❖ Six years of experience in specialty pharmacy management.

✉ [ccook@ivirahealth.com](mailto:ccook@ivirahealth.com)



# Contact Us

	Pharmacist in Charge	Hours of Operation	Phone Number	*Email	In-Person
<b>Market Street – Ivira Pharmacy (TCT Accredited)</b> 824 N Market Street, Wilmington, DE 19801	Josh Kim, Pharm D.	<b>Monday – Friday:</b> 8 AM – 6 PM <b>Saturday:</b> 9 AM – 3 PM <b>Sunday:</b> Closed	(302)516-7507	info@ivirahealth.com	✓
<b>4th Street – Ivira Pharmacy (TCT Accredited)</b> 2500 W 4th Street, Suite 1, Wilmington, DE 19805	Jay Patel, Pharm D.	<b>Monday – Friday:</b> 8 AM – 6 PM <b>Saturday:</b> 9 AM – 3 PM <b>Sunday:</b> Closed	(302)660-8847	info@ivirahealth.com	✓
<b>Ivira Specialty Pharmacy (URAC Accredited)</b> 2500 W 4th Street, Suite 1, Wilmington, DE 19805	Christopher Cook, Pharm D.	<b>Monday – Friday:</b> 9 AM – 5 PM <b>Saturday – Sunday:</b> Closed	<b>Local:</b> (302)499-8727 <b>Toll Free:</b> (833)222-1444	info@ivirahealth.com	✗
<b>Milford – Ivira Pharmacy</b> 692 N Dupont Blvd, Ste 692, Milford, DE 19963	Jigar Patel, Pharm D.	<b>Monday – Friday:</b> 8 AM – 6 PM <b>Saturday:</b> 9 AM – 3 PM <b>Sunday:</b> Closed	(302)503-9503	info@wilmingtonrx.com	✓
<b>Bridgeport (Philadelphia) – Ivira Pharmacy</b> 54 W 4th St, Bridgeport, PA 19405	Andrew Gibson, Pharm D.	<b>Monday – Friday:</b> 9 AM – 5 PM <b>Saturday:</b> 10 AM – 2 PM <b>Sunday:</b> Closed	(484)370-2675	info@wilmingtonrx.com	✓
<b>Robbinsville – Ivira Pharmacy</b> 104 Hickory Corner Rd, East Windsor, NJ 08520	Harshav Raval, Pharm D.	<b>Monday – Friday:</b> 9 AM – 6 PM <b>Saturday:</b> 9 AM – 2 PM <b>Sunday:</b> Closed	(609)308-2887	info@wilmingtonrx.com	✓

\*All emails will be answered within 1 business day.



## Free Support Services

### 1. Multilingual written and telephone communication

- ❖ Written materials, including patient education, available in 55 different languages.
- ❖ Language translation phone line for over 150 languages.

### 2. Cognitive and Physical Impairment

- ❖ For hearing impairment- toll free TTY line: +1(800)232-5460
- ❖ For visual impairment- Large print options for material and staff available to read written material aloud.

## Hours of operation

Ivira Specialty Pharmacy is open from 9 a.m. to 5 p.m. Monday to Friday. We are closed on Saturday and Sunday. But one of us is ready to help you by phone 24 hours a day, 7 days a week if you have an emergency.

### Holidays

Ivira Specialty 's Pharmacy is closed on these holidays:

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

## Emergency and disaster information

An emergency is a serious, unexpected, and often dangerous situation requiring immediate action which can deteriorate into disaster. If there is a disaster or other emergency in your area and you cannot stay at home, please call us at (302)499-8727. Tell us where a "safe area" is for us to deliver your medication. We can transfer your prescription to a local pharmacy in your safe area. If there is a disaster or other emergency in our pharmacy area, we will inform you about the disaster/emergency and transfer the prescription to a pharmacy that is in a safe area to deliver your medication. You will be informed once the emergency/disaster is over.



## Specialty Pharmacy Services

Ivira Specialty Pharmacy works with your healthcare team which may include your doctor and nursing team, and your insurance company. We will help you get your prescribed treatment in a timely fashion.

Our Specialty Services include:

- ❖ **Patient education** – We will provide you with tools and resources to help you better understand your condition and treatment.
- ❖ **Pharmacist’s consultation** – A Pharmacist with expertise in your condition will be available 24 hours a day, 7 days a week to provide you with instructions and education for your medication needs.
- ❖ **Patient Management Programs** – Our specialized programs offer patients step by step guidance to help them meet their treatment plans. These programs offer new start counseling, refill reminders, monitoring of side effects and adverse reactions, and intervention with your health care team.
- ❖ **Insurance Support** – We will work with your health plan to determine the cheapest and simplest way of you getting your medication.
- ❖ **Financial Assistance** – Even if your plan covers your medication, your copay may be too expensive. In this case, we will work to find a way to make your medications more affordable.
- ❖ **Free Shipment and Delivery** – We provide free priority shipment and delivery options to get your medication fast.
- ❖ **Free supportive care items**
  - ❖ For self-administered medications, we offer sharps container, and alcohol swabs at no charge.
  - ❖ For medications taken by mouth, we offer weekly pill boxes and blister packaging at no charge.
  - ❖ Supportive care kit is also offered for patients in need.

## New prescriptions

Ivira Specialty Pharmacy works with your health-care providers when you need new medicine. Your doctor will send us your prescription order. You can call Ivira Specialty Pharmacy and ask us to contact your doctor about your prescription. Most orders require prior approval from your insurance company.

We begin working on your new prescription when your doctor orders it. This usually takes about 72 hours. Once your medicine is approved, and we confirm that you are available to receive your package, it will be sent within 24 hours.

### Prescription Claim Information

Ivira Specialty Pharmacy will submit your prescription order to the insurance for review and approval. The prescription submitted is called a claim. If there is any delays or you would like more information about the claim to your insurance please feel free to contact us or your health plan.

### Payments

Ivira Specialty’s Pharmacy will bill your insurance company for the cost of your medicine. But you might have to pay for some of the cost. This is called a “co-payment.” You are expected to make your co-payment when you order your medicine from us, or when we refill it for you.

We will tell you exactly how much your insurance company will pay. We will also tell you how much you pay us. Call us if you do not understand these costs. If you disagree with your insurance company about how much you pay, we will help you solve the problem.



If Ivira Specialty Pharmacy is not a network pharmacy with your plan, we will provide you in writing the retail cost of the medication.

If you owe us money for your medicine, it must be paid before we give you a refill. We also accept Visa, MasterCard, American Express and Discover credit cards.

## Enrollment: Patient Management Programs

Ivira Specialty Pharmacy offers therapy management programs for specific medical conditions. Proactive and clinically based, these programs provide therapy-specific care to improve your health. This includes regular check-up of your wellbeing, ongoing health monitoring, and reviews of educational needs and management of medication use.

With better management, your quality of life improves. Staying out of the hospital and not having to purchase additional drugs saves you money.

But we need your help. Please take your medication as directed by your doctor says. Be sure to arrive at the doctor's office for your appointments. Make sure to get the lab work that your doctor orders for you.

Our therapy management advice is free. Your participation is voluntary. If you do not want our patient management services, call and ask to be removed from the program. If you would like a copy of your care plan, please call Ivira Specialty Pharmacy and request a copy from a member of our staff. To reach our patient management program staff **please call (302)499-8727 or toll free +1(833)222-1444.**

## Program Benefits

- ❖ Decreased side effects
- ❖ Increased compliance
- ❖ Improved health outcomes
- ❖ Improved Patient Satisfaction
- ❖ Improved Quality of Life

## Program Limitations

- ❖ Requires full patient/caregiver participation
- ❖ Requires compliance to prescriber treatment plan
- ❖ It does not replace the doctor's treatment plan
- ❖ It is not a guarantee of improvement or cure of your condition

## Refills

We will call you before your medication runs out. We will check on your progress and send you refills. Call us at 302-499-8727 or toll free 1-833-222-1444 during our normal office hours five days before you run out of your medicine. Call us if you have questions or need help.

Your plan might request to replace your prescription (refill) with a generic drug that is distributed by Ivira Specialty Pharmacy. In this case, our Pharmacist will call you and your prescriber about your Ivira request to provide an explanation for the change and inform you that your drug therapy will continue despite the change.

## Delivery

We will send your medicine to your home, your doctor's office or any other approved place. Or you can pick up at any of our Ivira Pharmacy locations. If your medicine requires special handling or refrigeration, we will make sure it is packaged properly. If there is a problem, call us at Ivira Specialty Pharmacy without delay.



## Order Status

We understand the importance of keeping you informed of our prescription process. We welcome you to call anytime to check the status of your new or existing prescription order.

## Order Delays

In the event of delay with your order, Ivira Specialty Pharmacy will notify you immediately. We will work with your doctor and another pharmacy to help you get your medication. We can easily transfer your prescription to a pharmacy that has your medication.

## Health and drug information for your condition

Ivira Specialty Pharmacy cares about your wellbeing. We can help you on your treatment journey and reach your goals. We will provide you with most up-to-date information about your condition and medication. This includes manufacturer's package insert and additional patient education material that will be given with your prescription.

## Prescription Transfer Process

Your doctor may request a medication that our pharmacy may not have access to. If this is the case for you, we will work with your doctor and another pharmacy to help you get your medication. We can easily transfer your prescription to a pharmacy that has your medication.

Your plan might require that your prescription (new or refill) be filled at a pharmacy that is "in-network". An in-network pharmacy is one that is chosen by your plan. If so, Ivira Specialty Pharmacy will send your prescription directly to that pharmacy, and someone there will contact you.

Also, the company that makes your drug may limit the number of specialty pharmacies that can access it. We may not be able to access your drug for this reason. We can work with the manufacturer to find the best way for you to get your medication. In this case, the specialty pharmacy or manufacturer will reach out to you directly.

## Patient Advocacy

Ivira Specialty Pharmacy works with agencies and foundations to support your health conditions. These groups provide financial, educational, and other resources that may be beneficial to you. If you have any questions on patient advocacy, please contact us for more information.

## Pharmacist assistance

Our staff members understand your special medication needs. We can answer your questions about what they are and how they work to help you. Call our pharmacy if you have questions about your treatment. Call 911 if it is an emergency.

A licensed pharmacist is available 24 hours a day, 7 days a week, for anything relating to your medicine. If you have an emergency and need to reach a pharmacist after hours, please call our main number and leave a voice message. A pharmacist will return your call within 30 minutes.

If you have any questions or worries about your medicine, delivery, or anything else, call us at **(302)499-8727** or toll free **+1(833)222-1444**. We are here to help you.

## Returned goods policy

It is against the law to re-sell or share prescription drugs and supplies that have been given to you. If something seems to be wrong with what you have gotten from Ivira Specialty Pharmacy, tell us about it. We will try to replace it at no charge.





## Unacceptable Drugs

An unacceptable drug is any drug that we have dispensed to you that is no longer safe to take. This is rare but is important for your safety. Types of unacceptable drugs include:

- ❖ Recalled Drugs
- ❖ Misbranded Drugs
- ❖ Damaged Drugs
- ❖ Counterfeit Drugs

We will notify you immediately if we suspect you have been dispensed an unacceptable drug. Also, we will provide you with instructions on how to get rid of this medication as well.

## Expired drugs and other items

Our pharmacy cannot reuse any opened products that are sent to you. Also, please get rid of medicines that are out of date. The “use by” date is on the bottle or package. If you have questions about how to safely dispose of medicine and other similar items, call us at **(302)499-8727** or toll free **+1(833)222-1444**. We will tell you how to do this safely.

## Less expensive drugs

Ivira Specialty Pharmacy will give you a lower-cost medicine instead of a more expensive brand-name drug if your doctor agrees. The less-expensive drugs are called “generic.” Generic drugs may be given to you when you get new prescriptions and refills. We will explain this to you over the phone.

## Drug recalls

Sometimes drugs are taken back from you because they are defective. This is known as a “recall.” Ivira Specialty Pharmacy will contact you, your doctor and insurance company if there is an emergency recall. For less important recalls, ivira Specialty Pharmacy will contact your healthcare.

## Regulatory changes

If state or federal rules change about our services, ivira Specialty Pharmacy will contact you and explain.

## Emergency phone numbers

Ivira Specialty Pharmacy: (302)499-8727 or toll free +1(833)222-1444

Poison control: (800)222-1222

If you are unable to contact ivira Specialty Pharmacy for an emergency, press 911 on your phone and ask for help.



# Frequently Asked Questions

## What is a specialty pharmacy?

A specialty pharmacy is a pharmacy that specializes in the access, dispensing, and management of specialized medications. These medications are usually reserved for treating rare or serious chronic illness. They are often expensive, have special shipping and handling and require advanced therapy management for patients.

## Should I take all my medication?

Always follow your doctor's instructions while taking your medication. If you have questions about your medication or how to take your medication, please call us at (302)499-8727 or toll free +1(833)222-1444.

## How do I get a refill?

We will call you when it is time to refill your medicine. If you should need a refill before we call, please contact us. For medications that have refill, we will reach out to you 5 days before your next fill. If you are having a hard time affording your medication, we can help. We are also able to help you with your insurance benefits to get your medication.

## How long does it take to get my medication?

You will receive your medication within 24 hours after the approval of your insurance. The approval process can up to 72 hours. We will work with your insurance to get your medication out to you as fast as possible.

## What should I do if I think something is wrong with my medication?

Call us at (302)499-8727 or toll free +1(833)222-1444 and our Pharmacist will assist you to resolve your doubt and provide a solution.

## Questions?

We can answer your questions at any time. Call (302)499-8727 or toll free +1(833)222-1444. It will not cost you anything. If no one answers, leave us a message and your phone number. We will call you back soon.



# Patient Rights & Responsibilities

If you are a ivira Specialty Pharmacy consumer, you have certain rights and responsibilities.

## Patient's Rights:

- ❖ The right to know about philosophy and characteristics of the patient management program;
- ❖ The right to have personal health information shared with the patient management program only in accordance with state and federal law;
- ❖ The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested;
- ❖ The right to speak to a healthcare professional;
- ❖ The right to receive information about the patient management program;
- ❖ The right to receive administrative information regarding changes in, or termination of, the patient management program;
- ❖ The right to decline participation, revoke consent, or disenroll in patient management program at any point in time.

## Patient's Responsibilities:

- ❖ The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law;
- ❖ The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information; and
- ❖ The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

## Disclosure and confidentiality

One of our top priorities is protecting your privacy. We promise to keep private information provided by your doctor or healthcare provider. We will provide services that your healthcare administrator approves. We will also give you helpful information about our services. Please read, sign and return the Notice of Privacy Practices enclosed in this packet. A pre-postage envelope is provided for mail-back. This packet is also available on our website.

[www.ivirahealth.com](http://www.ivirahealth.com)

## You have the right to:

- ❖ Receive information about your rights and responsibilities in writing before receiving our services.
- ❖ Choose your pharmacy service providers.
- ❖ Know how to contact us seven days a week, and what to do if there is an emergency.
- ❖ Take part in developing and changing your health plan.
- ❖ Get information so you can take part in your care. This includes information on the proper use, handling and storage of your medicine.
- ❖ Assist in making decisions about your care.
- ❖ Receive verbal and written explanations of services, care and medicines provided by ivira Specialty Pharmacy.
- ❖ Use other methods of communication methods if necessary. This includes information in languages other than English. It also includes help if you have a hard time reading, understanding, seeing or hearing things for any reason.



- ❖ Be completely informed about what we can do for you, including changes and other costs. This includes charges not covered by Medicare or other payers.
- ❖ Be told in advance if you are expected to pay for anything.
- ❖ Be told about changes in costs in person and in writing within 30 workdays from the date our pharmacy becomes aware of changes in your services.
- ❖ Get timely care from our pharmacy no matter your race, sex, color, religion, sexual preference, physical limitation, age or anything else required by law.
- ❖ Get help for you and respect for your property.
- ❖ Be treated with confidentiality.
- ❖ Refuse treatment at any time. You also have the right to be told what might happen to you if refuse our help.
- ❖ Know the people who work at ivira Specialty Pharmacy are qualified to help you.
- ❖ Know that if ivira Specialty Pharmacy cannot help you, we must tell you about another health-care provider who can help you.
- ❖ Be aware of any additional health needs at the end of your treatment.
- ❖ Voice complaints and suggest changes in our services without penalty.
- ❖ Have any complaint quickly investigated and to be told of the findings.
- ❖ Know that if you are not happy with our service, you may talk to our pharmacist in charge and Delaware State Board of Pharmacy.
- ❖ Confidentiality of your personal and medical records. This does not apply when you transfer your care to another approved health facility.
- ❖ Name someone else to make decisions for you.
- ❖ Allow family members and friends to participate in your care.
- ❖ Discuss treatment options no matter the cost or benefit coverage.
- ❖ Privacy of your health-care needs and information, as required by law.
- ❖ Look at and get copies of your medical records, as permitted by law.
- ❖ File for a hearing with South Carolina's Department for Medicaid Services.
- ❖ Make suggestions about your rights and responsibilities.
- ❖ Not be restrained, secluded, or threatened for information you do not want to share.

## Ways to Help Us

As our patient, you must:

- ❖ Give us correct and complete information about your medical history. This includes hospitalizations, medications, allergies, and other important health-related information.
- ❖ Have a safe home environment.
- ❖ Tell us immediately if your medicine is canceled.
- ❖ Follow your drug plan and keep your doctor while receiving Greenhill Specialty Pharmacy services.
- ❖ Ask more about your care if you do not understand.
- ❖ Notify us if you have any concerns not stated in this document.
- ❖ Notify your physician and pharmacist if you choose to end therapy.
- ❖ Be responsible for costs related to your care not covered by Medicaid, Medicare or other payers.



## Safety Information, Bad drug reactions

If you feel you are experiencing a life-threatening emergency related to your medication, call your doctor, your health-care provider or 911. Examples of life-threatening adverse drug reactions include:

- ❖ difficulty breathing,
- ❖ swelling of the throat or tongue,
- ❖ body rash,
- ❖ severe dizziness, and
- ❖ vomiting.

Tell them what you have taken and how you feel.

## How to get rid of medical waste?

Medical waste includes syringes, lancets, and needles. Take special care to dispose of them properly after you use them. This will protect you and others from injury. Put used needles and other sharp objects into the special box that is offered to you. This box is called a “sharps container.”

Put used needles, syringes, lancets, and other sharp objects into this container. If you do not have one, use a hard plastic or metal container with a screw-on top instead. But do not use a clear plastic or glass container. Do not fill the container all the way. Wrap tape around the top securely before disposal.

Tell your local garbage collector what it is and to carefully dispose of your container. Or ask your doctor if he or she can get the container from you. Or go online to [www.cdc.gov/needledisposal](http://www.cdc.gov/needledisposal) for advice.

## Needle safety advice

- ❖ Never replace the cap on needles.
- ❖ Throw away used needles immediately after use. Put them in a “sharps disposal container.”
- ❖ Plan for safe handling and disposal of needles before using them.
- ❖ Report all needle stick or sharps-related injuries quickly to your doctor.

If your medicine does require needles or sharp items, you do not need a special container.

There may be a time when your medicine is no longer needed. If so, it should be disposed of promptly. Consumers and caregivers should remove expired, unwanted, or unused medicines from their home as quickly as possible. This will help reduce the chance that others accidentally take or intentionally misuse the unneeded medicine. Also, this reduces drugs from entering the environment. Below, we list some options and special instructions for you to consider when disposing of expired, unwanted, or unused medicines.

Your best choices for disposal of unused or expired medicines are:

- ❖ Medicine take-back options,
- ❖ Disposal in the household trash and
- ❖ Flushing certain potentially dangerous medicines in the toilet

For more information on options that are available please refer to the link below:  
<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely>



## How to wash your hands?

- 1 Wash your hands before and after you prepare your medicine.
- 2 First wet your hands with warm water.
- 3 Place a small amount of soap on your hands.
- 4 Rub your hands together for at least 30 seconds. Be sure to clean your nails and between your fingers.
- 5 Rinse soap off your hands in warm water.
- 6 Dry your hands with a clean towel.
- 7 Turn off your faucet with the towel around your hand.
- 8 If you touch anything, sneeze or feel that your hands may no longer be clean, wash them again carefully.
- 9 If warm and clean water is not available, use a hand cleanser that contains rubbing alcohol.

## Satisfaction Survey

Ivira Specialty Pharmacy values your feedback. Please call us on (302)499-8727 or toll free +1(833)222-1444 to tell us how we are doing.

You can also submit the survey by clicking on this link: [ivirahealth.org/3io6zZN](https://ivirahealth.org/3io6zZN)

## Complaints

Ivira Specialty Pharmacy understands the importance of quality and integrity. We need to hear from you if our services are not meeting your expectations. Please call us on (302)499-8727 or toll free +1(833)222-1444. You can also submit the complaints by clicking on this link: [ivirahealth.org/3aclgfS](https://ivirahealth.org/3aclgfS)



# 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.**

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

## Section A: Uses and Disclosures of Protected Health Information

### 1. Treatment, Payment and Health Care Operations

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

### 2. Permitted or Required Uses and Disclosures

- a. Our pharmacists, using their professional judgment may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your health care. This includes allowing such persons to pick up filled prescriptions, medical supplies or medical records on your behalf.
- b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
- c. Under certain circumstances ivira Pharmacy may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:

To the Secretary of Health and Human Services for investigations into our compliance with HIPAA rules and to respond to patient complaints.

- i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements, and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.

- ii. To public health or legal authorities charged with preventing or controlling disease, injury, or disability.



- iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
  - iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for ivira Pharmacy's licensure and for monitoring of health care systems.
  - v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
  - vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
  - vii. Whenever required to do so by law.
  - viii. To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
  - ix. To Funeral Directors to carry out their duties
  - x. To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
  - xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
  - xii. For certain research purposes.
  - xiii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
  - xiv. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
  - xv. As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
  - xvi. To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.
  - xvii. To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
  - xviii. To a government authority, such as social service or protective services agency, if ivira Pharmacy reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.
- d. During an emergency or disaster relief situation, if you are unconscious or unable to tell us your preference, we may share information to lessen a serious and imminent threat to health or safety.
  - e. We may contact you for fundraising efforts, but you can request that we not contact you again.





### 3. Authorized Use and Disclosure

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

### 4. More Stringent Laws

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

## Section B: Patient's Rights

### 1. Restriction Requests

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

### 2. Alternative Means of Communication

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

### 3. Access to Health Information

- a. You have a right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
- b. You have the right to have requested records provided to you in a timely fashion.
- c. You have the right to request that your protected health information be provided to you in your preferred format, including an electronic format if available.
- d. You have the right to have your information disclosed to another person or third-party that you choose.
- e. Requests may be submitted in writing to the Privacy Officer listed in Section D of this Notice.



- f. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
- g. Ivira Pharmacy may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.

#### **4. Amendments to Health Information**

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

#### **5. Accounting of Uses and Disclosures**

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

#### **6. Notice of Privacy Practices**

- a. You have a right to receive a paper copy of this Notice even if you previously agreed to receive a copy electronically.
- b. You have a right to request a revised or updated copy of this notice.
- c. Please submit a request to the Privacy Officer listed in Section D of this Notice.

### **Section C: Ivira Pharmacy's Duties**

Ivira Pharmacy is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. Ivira Pharmacy is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.

### **Section D: Contacting Us**

#### **1. Additional Questions, Submitting Requests or Complaints**

- a. If you have questions about this Notice or how Ivira Pharmacy uses and discloses your protected health information, please contact our Privacy Officer below.



- b. You may obtain forms needed for request submission from our pharmacy or from our Privacy.
- c. If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

## **2. Privacy Officer**

Jay C. Patel  
Ivira Specialty Pharmacy  
2500 West 4th Street Suite 2, Wilmington, DE 19805  
(302) 499-8727 or toll free 1-833-222-1444

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

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

## **Section E: State Specific Requirements**

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**Effective Date This Notice of Privacy Practices is effective as of 05-20-2019**