

New Patient
WELCOME BOOKLET



USCPharmacy

**Keck Medicine of USC
Specialty Pharmacy**

WELCOME

Welcome to Keck Medicine of USC Specialty Pharmacy and thank you for giving us the opportunity to serve your specialty pharmacy needs.

As a part of the academic medical center, we are uniquely set up to provide you and your USC doctor with the highest level of personalized care. Our dedicated staff will work with you and your medical team to ensure timely access to your medication.

Please read this booklet for important information about what we do and how we work. It will help answer some of the questions you may already have. If you need any more help, please call us at **855-885-2600** and one of our team members will be glad to assist you!



Hours

Monday – Friday, 9am – 6pm,
except holidays



Address

1000 S Fremont Ave Building A10N
Suite 10150, Alhambra CA 91803



Phone

855-885-2600



Fax

626-457-4195

*Si usted necesita esta información en español,
por favor, llame a 855-885-2600 y oprima el 8*

USC Pharmacy

Keck Medicine of USC
Specialty Pharmacy

OUR SERVICES

CLINICAL KNOWLEDGE

We will work closely with your medical team at the Keck Medicine of USC to provide you with safe and effective care.

A clinical pharmacist will review every medication order to make sure that it is safe and right for your medical condition. As a part of the medical center, we are able to see your chart to evaluate your medication therapy for any drug-drug interactions, check your labs to ensure safety, and easily talk to your doctor if any questions come up.

A pharmacist who has deep knowledge in medications used to treat your condition will call you to talk about the treatment and answer any questions. He or she will also follow you during your treatment to help you with side effects (if you have any) and answer questions that may come up.

THERAPY MANAGEMENT

A clinical pharmacist who understands your disease state will fit the therapy management program to your needs. Any time you start a new medication, or if there is a change in your dose, a specialty pharmacist will talk to you or your caretaker and will follow you throughout treatment. Our ongoing, individualized support offered to all patients addresses:

- Barriers to therapy
- How to store and handle your medication
- How to take or inject the medication
- How to stay on track with your medication
- How to deal with side effects of medication
- Keeping track of your response to medication
- Working directly with your doctor to check on your progress

Your willingness to take the medication as prescribed and to follow the pharmacist's recommendation is important and will determine your success in our therapy management program.

You have the right to stop participating in the therapy management program at any time and may tell any pharmacy staff member when you wish to stop.

Please note, our therapy management services do not replace your regular doctor follow up—please keep all your scheduled appointments.

HELP WITH PRIOR AUTHORIZATION APPROVAL AND REIMBURSEMENT

We will work with your insurance company and doctor's office to file all the needed paperwork to meet any prior authorization requirements from your insurance company. At times, this process may take a few days to weeks, depending on the plan and the details of your case, and we thank you in advance for your patience. Our staff will work diligently to make sure you get the most benefit from your insurance company.



FINANCIAL HELP

Our patient care coordinators will work with you to talk about all options available to help lessen the cost of specialty medications. Resources include copay cards and help paying for medications based on your income. If one of our team members calls you about financial help, please follow their instructions to give all the needed documents as quickly as possible so that you can get your medication on time.

HOW TO GET YOUR MEDICATIONS

NEW PRESCRIPTIONS

Your doctor will fax or send your prescription to our pharmacy electronically. If you or your doctor have questions about a new order, please call us at 855-885-2600.

REFILLS

To make sure you do not run out of your medication, we will call you with a reminder 5-7 days before your next refill is due. If we leave a voicemail, we kindly ask that you call us back as soon as possible. If you have about 5 days of your medication left, and you have not heard from us, please give us a call at 855-885-2600 to make sure you get your refill on time.

PRESCRIPTION TRANSFERS

If we do not have access to your medication, your plan makes you use a specific pharmacy, or if you want to fill your medications at a different pharmacy, we can help transfer your prescription. We will call you and your doctor with the information of the pharmacy that will be handling your order if a change of pharmacy happens. After the change is complete, please follow up with the pharmacy filling your medication about your order.



ORDER STATUS UPDATES

If you have questions about the status of your order, please call us during regular business hours.

DELIVERIES

We offer free delivery in the state of California. Medications are usually delivered Tuesday–Friday, with Monday, Saturday and same-day deliveries available in urgent situations.

Before every delivery, a patient care coordinator will call you to get your address, confirm date and time of delivery, as well as get payment information if you have a copay.

An adult over the age of 18 must be present to sign for all deliveries.

If a personal emergency causes you to miss your delivery, we will try the delivery a second time at no charge. Please note we may charge you for any more delivery attempts and any charges for returned packages.

If you prefer, you may also pick up your medication from the pharmacy during regular business hours.*

In some cases, if a medication needs a nurse's administration, or, if you need in-person injection training, we will deliver the medication to the doctor's office.

*Please call the pharmacy to confirm as this option may not be available during public health emergencies.



How do I throw away my needles and unused medications?



We will give you a sharps container for free with your first fill with the pharmacy. You may bring your full and sealed container to USC Plaza Pharmacy for disposal. You can also check your county's health department for disposal information.

USC Plaza Pharmacy

1510 San Pablo St. #144
Los Angeles, CA 90033

Hours of Operation

Monday–Friday: 8:30am – 6pm
Saturday: 9am – 3pm (closed for lunch 1pm -1:40pm)
Sunday: Closed



If you have to throw away any unused medication, please visit www.awarerx.org for drop-off locations in your area. If you need help, please call the pharmacy at 855-885-2600.

GENERAL HEALTH AND SAFETY INFORMATION

- In the event of a medical emergency dial 911 to contact your local emergency services
- Wash your hands thoroughly and frequently
- Avoid those who are sick
- Cover your cough with a tissue or the crease of your elbow
- Eat regular, nutritious meals and stay hydrated. If you find yourself without an appetite, please speak with one of our pharmacists, as it may be a side effect of your medication.
- Stay active during treatment. Please consult with your physician before initiating any exercise program to make sure it is safe for you and your condition.



FREQUENTLY ASKED QUESTIONS

What will I have to pay for my medication?

Your insurance plan decides on your co-pay amount. If you are not able to pay the copay and need financial help, our staff will help you apply for available co-pay cards, charitable foundations, or manufacturer programs.

When will I get my medication?

Majority of the specialty medications require us to submit paperwork to your insurance, called a prior authorization, to explain why you need the medication. We will take care of this as quickly as possible, and most of the time, the insurance will respond within 5 business days. Unfortunately, cases that are more complicated often need more time. We appreciate your patience with this process and will do everything possible to make sure you get treatment as soon as possible.

Some medications need you to complete certain blood work, like a test for tuberculosis, to make sure that it is safe for you to start treatment. Please complete these tests as soon as your doctor places the order so there is no delay in therapy.

Once your treatment is approved, we will call you to schedule a time and place for delivery.

Will you fill all my medications?

In order to give you the best possible care, the Keck Medicine of USC will only fill your specialty medications. For your convenience, USC has 4 retail pharmacy locations that will be happy to help you with your needs. Please visit pharmacies.usc.edu for their contact information.



FREQUENTLY ASKED QUESTIONS (cont.)

When should I call the pharmacy?

Please do not hesitate to call us during regular business hours if :

- You'd like to check the status of your order or ask about a delay in delivery
- You have questions about your medication—how to use and store it, and potential side effects
- Your need an early fill because of scheduled travel
- Your insurance changed
- You are worried about access to your medication during natural disasters or emergencies
- You believe there was a mistake with your order
- You need help getting a medication not available through the USC Specialty Pharmacy
- You have questions about a medication recall, or how to safely throw away your medication
- You'd like for us to transfer your prescription to a different pharmacy
- You have questions about any changes we may have made on your order (such as a generic)



A pharmacist is available during regular business hours to answer any question you may have. An on-call pharmacist is available 24/7 to answer urgent clinical questions. To reach a pharmacist please call 855-885-2600.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The patient has the right to:

- Receive pharmacy services without discrimination against race, color, age, sex, religion, marital status, national origin, gender identity, sexual orientation, personal appearance, disability, or genetic information.
- Be assisted in the patient's preferred language, if other than English, to ensure proper understanding of services provided
- Be treated with respect, consideration and recognition of patient dignity, individuality, and confidentiality.
- Be free to voice concerns, complaints, and grievances regarding treatment. Such concerns will be received without restraint, interference, or fear of reprisal. Each concern, complaint, and grievance will be investigated. If you do not feel your complaint was adequately addressed, you may contact the Keck Medicine of USC Specialty Pharmacy director at 855-885-2600.
- Be fully be informed of the care to be provided by the pharmacy and should any components of the care be changed to be notified of such changes.
- Participate in the development and periodic revision of the plan of care.
- Speak with a pharmacist regarding questions or concerns about his or her medication.
- Request a copy of the records pertaining to his or her pharmacy care and to have the information explained or interpreted as necessary.
- To be informed within a reasonable amount of time of anticipated termination of service or plans for transfer to another pharmacy.
- To be informed both orally and in writing of any charges that will be patient's responsibility.
- To be informed of any financial assistance programs that the pharmacy can help secure for the patient.
- Know about philosophy and characteristics of the patient management program.
- Have personal health information shared with the Keck Medicine of USC only in accordance with state and federal law.
- Identify the staff member of the Keck Medicine of USC Specialty Pharmacy and their job title, and to speak with a supervisor of the staff member if requested.
- Receive information about the patient management program.
- Receive administrative information regarding changes in or termination of the patient management program.
- Decline participation, revoke consent or dis-enroll at any point in time.

The patient has the responsibility to:

- Submit any forms that are necessary to participate with Keck Medicine of USC Specialty Pharmacy, to the extent required by law.
- Give accurate clinical, insurance and contact information and to notify the Keck Medicine of USC Specialty Pharmacy of changes in this information.
- Notify their treating provider of their participation with Keck Medicine of USC Specialty Pharmacy.
- Notify the pharmacy of any events that may require re-scheduling of a delivery.
- Contact the pharmacy regarding any problems or concerns.

UNIVERSITY OF SOUTHERN CALIFORNIA

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.**

What is this Notice and Why Is It Important?

By law, the University of Southern California (USC)¹ must protect the privacy of your identifiable medical and other health information (“health information”).

USC also is required by law to give you this notice to tell you how we may use and give out (“disclose”) your health information. USC must follow the terms of this notice when using or disclosing your health information.

This notice is effective as of November 15, 2019.

How USC May Use Your Health Information

As a general rule, you must give written permission before USC can use or release your health information. There are certain situations where USC is not required to obtain your permission. This section explains those situations where USC may use or disclose your health information without your permission.

Except with respect to Highly Confidential Information (described below), USC is permitted to use your health information for the following purposes:

- **Treatment:** We use and disclose your health information to provide you with medical treatment or services. This includes uses and disclosures to:
 - treat your illness or injury, including disclosures to other doctors, practitioners, nurses, technicians or medical personnel involved in your treatment, or
 - contact you to provide appointment reminders, or
 - give you information about treatment options or other health related benefits and services that may interest you.
- **Payment:** We may use and disclose your health information to obtain payment for health care services that we or others provide to you. This includes uses and disclosures to:

¹ For purposes of the HIPAA Privacy Rule, USC includes those entities that comprise Keck Medicine of USC, including but not limited to, USC Norris Cancer Hospital, Keck Hospital of USC, USC’s employed physicians, nurses and other clinical personnel, those units of USC that provide clinical services within the Keck School of Medicine, School of Pharmacy, the Herman Ostrow School of Dentistry, Physical and Occupational Therapy, Suzanne Dworak-Peck School of Social Work, as well as USC Care Medical Group, affiliated medical foundations of Keck and their physicians, nurses and clinical personnel, Engemann Student Health Center, Eric Cohen Student Health Center, USC Verdugo Hills Hospital, its nurses and other clinical personnel, Verdugo Radiology Medical Group, Verdugo Hills Anesthesia, and Chandnish K. Ahluwalia, M.D., Inc. and those units that support clinical and clinical research functions, including the Offices of the General Counsel, Audit and Compliance.

- submit health information and receive payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payor), or
- verify that your payor will pay for your health care.

However, we will comply with your request not to disclose health information to your health plan if the information relates solely to a healthcare item or service for which we have been paid out of pocket in full.

- **Health Care Operations:** We may use and disclose your health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care we provide you. This also include uses and disclosures to:
 - evaluate the quality and competence of our health care providers, nurses and other health care workers,
 - to other health care providers to help them conduct their own quality reviews, compliance activities or other health care operations,
 - train students, residents and fellows, or
 - identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

We may also disclose your health information to third parties to assist us in these activities (but only if they agree in writing to maintain the confidentiality of your health information).

In addition, USC may use and disclose your health information under the following circumstances:

- **Organized Health Care Arrangement:** USC participates in organized health care arrangements (OHCA) with other providers, including but not limited to, Children's Hospital Los Angeles and Los Angeles County+USC Medical Center (LAC+USC). USC may share information with its OHCA members for treatment, payment and joint health care operations.
- **Directory:** USC may include your name, location in its hospitals, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.
- **Relatives, Caregivers and Personal Representatives:** Under appropriate circumstances, including emergencies, we may disclose your health information to family members, caregivers or personal representatives who are with you or appear on your behalf (for example, to pick up a prescription). We may also need to notify such persons of your location in our facility and general condition. If you object to

such disclosures, please notify your USC health care provider. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, we would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care.

- **Public Health Activities:** We may disclose your health information for the following public health activities:
 - To report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
 - To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
 - To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
 - To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your health information as required by law to a social services or other governmental agency authorized by law to receive such reports.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- **Specialized Government Functions:** We may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law.
- **Law Enforcement Officials, Judicial and Administrative Proceedings:** We may disclose health information to police or other law enforcement officials. We also may disclose health information in judicial or administrative proceedings, such as in response to a subpoena.
- **Coroners or Medical Examiners:** We may disclose health information to a coroner or a medical examiner as required by law.

- **Organ and Tissue Donation:** We may disclose health information to organizations that assist with organ, eye or tissue donation, banking or transplant.
- **Health or Safety:** We may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Health Information Exchange:** We, along with other health care providers in the Los Angeles area, may participate in one or more Health Information Exchanges (HIE). An HIE is a community-wide information system used by participating health care providers to share health information about you for treatment purposes. Health care providers that participate in the HIE can share your health information electronically. The purpose of the HIE is to allow all health care providers at different facilities participating in your treatment to have all the information necessary to treat you effectively, such as laboratory results, prior diagnosis and current medication. If you do not want to have your health information shared in the HIE you may opt out by completing the Keck Medicine of USC HIE Patient Opt-Out Form.
- **Research:** USC supports health research that can benefit patients. Toward this goal we may use and disclose your identifiable health information without your prior authorization. As examples:
 - We may use or disclose your health information to prepare a research protocol, refine a research question or determine whether USC is the appropriate site for a particular study;
 - Your identifiable health information may be used to determine your eligibility to participate in a research study and to contact you and/or your doctor;
 - We may also create databanks that store health information about you in an identifiable way.

The use of your data for research must be reviewed and approved by an Institutional Review Board, which evaluates risks and benefits. We only use patient data for research as permitted by applicable law.

- **Limited Data Sets:** We may provide identifiable health information about you (but not including your name, address, social security number or other direct identifiers) for research, public health or health care operations, but only if the recipient of such information signs an agreement to protect the information and not use it to identify or contact you.
- **Development Activities:** We may contact you to request a contribution to support important USC activities. For fundraising, we may disclose to our fundraising staff demographic information about you (for example, your name, address and phone number), dates on which we provided health care to you, information about the department of service or treating physician, outcome information or health insurance status without your written permission. We also may share such information about

you with closely related foundations that assist us in our development activities. We will provide you an opportunity to opt-out of receiving fundraising communications. We will not disclose your diagnosis or treatment, however, unless we have your written authorization to do so.

- **Marketing Activities:** We may conduct the following activities without obtaining your authorization:
 - Provide you with marketing materials in a face-to-face encounter;
 - Give you a promotional gift of nominal value;
 - Provide refill reminders or otherwise communicate about a drug or biologic that is currently prescribed to you, so long as any payments we receive for making the communication are reasonably related to our costs;
 - Tell you about USC's own health care products and services

If we accept payments from other organizations or individuals in exchange for telling you about their health care products or services, we will ask for your authorization, except as described above or unless the communications are permitted by law without your permission. We will ask your permission to use your health information for any other marketing activities. Also, from time to time, USC receives letters from patients, their family members and friends describing the experience and care they received at USC. Where possible, we share these letters with our USC employees and patients. Prior to sharing your letter, we will remove your name and other identifying information from the letter to protect your privacy.

- **Workers' Compensation:** We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.
- **As Required by Law:** We may disclose health information when required to do so by any other law not already referred to in the preceding categories.

Your Written Authorization

FOR ANY PURPOSE OTHER THAN THE ONES DESCRIBED ABOVE WE MAY ONLY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WHEN YOU GIVE US YOUR WRITTEN AUTHORIZATION.

Highly Confidential Information

Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including your health information that is maintained in psychotherapy notes or is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s); (5) genetic testing;

(6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

Sale of Health Information

We will not make any disclosure that is considered a sale of your protected health information without your written authorization unless the disclosure is for a purpose permitted by law.

Your Rights Regarding Your Health Information

Right to Request Access to Your Health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care, including billing records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like access to your records, please ask your healthcare provider for the appropriate form to complete. If you request copies, we will charge you a reasonable fee for copies. We also will charge you for our postage costs, if you request that we mail the copies to you. If you are a parent or legal guardian of minor, certain portions of the minor's medical record may not be accessible to you under California law.

Right to Request Amendments to Your Health Information: You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendment request form from your healthcare provider. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

Right to Revoke Your Authorization: You may revoke (take back) any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to the USC Office of Compliance or to whoever is indicated on your authorization.

Right to An Accounting of Disclosures of Your Health Information: Upon written request, you may obtain a list (accounting) of certain disclosures of health information made by us. The period of your request cannot exceed six years. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee.

Right to Request how Information is Provided to You: You may request, and we will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

Right to Request Restrictions on the use of your Health Information: You may request that we restrict the use or disclosure of your protected health information. All requests for such restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for the service out of pocket and in full.

Right to be Notified of Breach: You have the right to be notified by us if we discover a breach of your unsecured protected health information.

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website at www.usc.edu/policies. You may also obtain any revised notice by contacting the USC Office of Compliance.

Further Information; Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our USC Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the USC Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

USC Office of Compliance

You may contact the USC Office of Compliance at: 3500 Figueroa, #105, Los Angeles, CA 90089-8007, (213) 740-8258 or compliance@usc.edu.



UNIVERSITY OF SOUTHERN CALIFORNIA

NOTICE OF PRIVACY PRACTICES

This notice is effective as of November 15, 2019.

Please sign and date below to indicate that you have received a copy of this notice. Your signature simply acknowledges that you received a copy of this notice.

Print Name (Last, First, Middle Initial)

Signature

Date

NOTICE OF PRIVACY
PRACTICES

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USCPharmacy

**Keck Medicine of USC
Specialty Pharmacy**

Address

1000 S Fremont Ave, Suite 10150
Alhambra, California, 91803-8800

Contact

(855) 885-2600
(626) 457-4195

Hours of Operation

Monday – Friday: 9 am to 6 pm