



KEYSTONE
SPECIALTY PHARMACY

A NEW APPROACH

NEW PATIENT GUIDE

keystone-pharmacy.com

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Contact Information

Our staff is ready to help you and answer any questions you may have.

For medical emergencies, please call 911.

Our Hours:

8 a.m.-5:30 p.m. CST Monday-Friday

Toll-Free:

855-739-9948

After Hours:

855-739-9948

Follow the prompts, and leave a message for the pharmacist on call.

Address:

106 Highland Way, Suite 206, Madison, MS 39110

Our pharmacy offers options for a variety of hard-to-treat conditions, including some infections.

Our Goal Is To Heal, Not To Refill®.

We want to restore your quality of life. We define our success by positive outcomes, not refilling your prescription.

Ordering Your Prescription

Prescriptions are accepted in person at the pharmacy, or they may be faxed, phoned, or electronically prescribed by your health care provider.

What to Expect

If you did not give us your prescription in person, we will call you to review and complete your order. The call will come from either 1-855-739-9948 or 601-707-9727. If you miss us, please call us back as soon as possible.

What If We Can't Reach You?

It's our policy to talk to you first before we dispense your medication.

If we have not heard from you after a few tries, we will notify your health care provider by fax or phone to make sure we have your correct contact information.



What If You Need a Refill?

We do not automatically refill medications. You will be contacted by a member of the Keystone Specialty Pharmacy team near the end of your prescribed treatment.

If you request a refill at this time, our team member will fill the prescription, if approved in advance by your health care provider. If additional approval is needed, we will contact your health care provider for you.

If you have not heard from us about your refill, please call us at 855-739-9948.

What to Do with Unused Medicine

You should throw out drugs you no longer need so others can't misuse them. Drug take-back programs are a good way to do so.

The U.S. DEA hosts events across the country for the safe disposal of drugs. Your local police department may also sponsor drug take-back events. Your trash collector may have good options, too.

Unused drugs can also be given to collectors registered with the DEA. These collectors throw out medicines for you. Drop-off sites may be pharmacies, hospitals or police stations. Some offer mail-back programs and drop boxes to help you throw out your unused drugs.

Visit the DEA's website to learn more. You can also call the DEA at 1-800-882-9539 to find an approved collector near you.

Trash Disposal

If there are no instructions on your medicine label, and take-back programs or collectors are not available:

1. Mix medicine with dirt, kitty litter, coffee grounds or other food waste. Do not crush tablets or capsules.
2. Put the mixture in a sealed bag or other container.
3. Throw the container in your trash.
4. Scratch out personal info on the bottle or packaging.

If a Drug Is Recalled

The FDA works hard to ensure medicines are pure in quality and safe. Even so, drug recalls do happen. It's up to drug companies to recall their products when a problem is found.

You should take a drug recall seriously, but it's important that you do not overreact. Keep taking the drug until you can contact your pharmacist or doctor for advice. If we prescribed the drug to you, it's our policy to notify you. We will contact you by phone and/or mail with specific instructions.

Complaints

We work hard to treat every customer with respect and care. Talk to us if you have a suggestion for improving our policies or business practices. If we have fallen short in any way, please let us know.

We will look into any serious complaint and handle your case in a way that's fair and respectful. Your good health is our most important concern. We will not let our investigation get in the way of our care for you as a patient.

Once a complaint has been filed:

- We will contact you within five calendar days by phone, mail or email. We will let you know that we have received your complaint. We will also tell you about any steps we are taking to look into your issue.
- Within 14 calendar days, we will notify you about the results of our investigation. At this time, we will let you know how we plan to resolve your complaint.

For complaints about your medicine:

Call us at 1-855-739-9948 and ask for the compliance officer or pharmacist in charge. You can also contact us using the contact page on our website, **[keystone-pharmacy.com/contact](https://www.keystone-pharmacy.com/contact)**.



Payment and Insurance

Keystone is an in-network provider for most major insurance companies. Medicines are most often available with an affordable co-pay. We will review these out-of-pocket costs with you.

What If Your Prescription Is Not Covered?

We will consult with your doctor and insurance company if your medicine is not covered. Together, we will work to make sure you get medicine that works that you can afford.

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an “exception”** if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary”;
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24-hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

La cobertura de Medicare de las recetas médicas y sus derechos

Sus derechos si tiene Medicare

Usted tiene el derecho de solicitar una determinación de cobertura de su plan Medicare de recetas médicas si está en desacuerdo con la información proporcionada por la farmacia. También tiene el derecho de solicitar una determinación de cobertura especial conocida como “excepción” si piensa que:

- Necesita un medicamento que no está en la lista de su plan. A la lista de medicamentos cubiertos se le conoce como “formulario”.
- Una regla de cobertura (como la autorización previa o un límite de cantidad) no debe aplicarse debido a su problema médico; o
- Necesita tomar un medicamento no preferido y usted quiere que su plan lo cubra al precio de un medicamento preferido.

Lo qué necesita hacer

Usted o la persona que le ha recetado el medicamento pueden pedirle al plan una determinación de cobertura, llamando al número gratis que aparece en la parte de atrás de la tarjeta del plan, o visitando el sitio web del plan. Usted o su médico puede pedir una determinación acelerada (24 horas) si su salud pudiera estar en peligro si tiene que esperar 72 horas para obtener la respuesta. Usted tendrá que informarle al plan:

1. El nombre del medicamento que no pudo obtener, la dosis y concentración si lo sabe.
2. El nombre de la farmacia donde intentó obtener el medicamento.
3. La fecha en que intentó obtenerlo.
4. Si solicita una excepción, el médico que lo recetó tiene que enviarle a su plan una declaración explicándole el motivo por el cual usted necesita el medicamento que no está en el formulario, el medicamento no preferido o no se debe aplicar una regla de cobertura a usted.

Su plan Medicare de medicamentos recetados le comunicará su decisión por escrito. Si no aprueban la cobertura, la carta del plan le explicará el motivo y cómo apelar la decisión si no está de acuerdo.

Si desea más información, consulte los materiales del plan o llame al 1-800-MEDICARE.

Declaración sobre la Ley para la Reducción de Trámites: De acuerdo con la Ley para la Reducción de Trámites de 1995 (PRA en inglés), las personas no están obligadas a responder una recopilación de información a menos que se exhiba un número de control de la oficina de Gerencia y Presupuesto (OMB en inglés) válido. El número de control OMB válido para esta recopilación de información es 0938-0972. El tiempo necesario para responder esta recopilación de información es de aproximadamente 1 minuto por respuesta, incluido el tiempo para revisar instrucciones, buscar fuentes de datos existentes, reunir los datos necesarios y completar y revisar la recopilación de información. Si tiene preguntas sobre la precisión de los tiempos estimados o sugerencias para mejorar este formulario, escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS no discrimina en sus programas y actividades. Para solicitar esta publicación en un formato alternativo, llame al 1-800-MEDICARE o envíe un correo electrónico a: AltFormat@cms.hhs.gov.

Your Partners for Good Health



At Keystone, we play a central role in the healing process. We work with you and your doctor to give you the medications you need and the best treatment plan. It's important for you to follow through on your treatment as prescribed.

We will contact you to go over important info about your treatment and answer your questions. We will also follow up with you after about 30 days. Of course, you can contact us at any time with questions or concerns.

Side Effects

If you have any unexpected side effects, please call us at 1-855-739-9948. For medical emergencies, call 911.

Privacy Notice

This notice tells you how your medical info may be used and disclosed. Please review it carefully.

Your Rights

When it comes to your health info, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health info we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health info, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health info about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Ask for confidential consultation

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health info. We are not required to agree to your request, and we may say “no” if doing so would affect your care.
- If you pay for a service or health care item out of pocket, in full, you can ask us not to share that info for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share it.

Get a list of those with whom we've shared info

- You can ask for a list (“accounting”) of the times we’ve shared your health info. This list will contain records up to six years before the time of your request. The list will show who we shared your info with and why.
- We will include all disclosures with some exceptions. These exceptions may include disclosures about treatment, payment, health care operations, and other disclosures (such as any you asked us to make). You can request one accounting per year for free. We will charge a reasonable fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. We will honor your request even if you agreed to get the notice in a digital format.

Choose someone to act for you

- If you have given someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your health info.
- We will make sure the person has this authority and can act for you before we take any action.

If you feel your rights are violated

- You can complain by contacting us as described on page 8.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019, or visiting <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

In certain instances, you can tell us your choices about what we share. If you have a clear preference for how we share your info in the situations below, talk to us. Tell us what you want us to do, and we will follow your request.

In these cases, you have both the right and choice to tell us to:

- Share info with your family, close friends, or others involved in your care
- Share info in a disaster relief situation
- Include your info in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may share your info. We will do this if we believe it is in your best interest. We may also share your info when needed to lessen a serious and active threat to health or safety.

In these cases we never share your info unless you give us written permission:

- Sale of your info
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health info?

Treat you

- We use and share your health info with other people treating you.
- **Example:** A doctor treating you for an injury asks another doctor about your overall health.

Run our company

- We can use and share your health info to run our practice, improve your care and contact you.
- **Example:** We use health info about you to manage your treatment and services.

Bill for your services

- We can use and share your health info to bill and get payment from health plans or other organizations.
- **Example:** We give info about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your info in other ways. Usually, these ways serve the public good, such as public health and research. We must meet many legal conditions before we can share your info in these ways. **For details, see: <https://www.hhs.gov/hipaa/for-individuals/medical-records/index.html>.**

Help with public health and safety issues

We can share health info about you for certain cases such as:

- Preventing disease
- Helping with product recalls
- Reporting reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your info for health research.

Comply with the law

We will share info about you if state or federal laws require it. We will share info with the Department of Health and Human Services, if required, to verify that we're following federal privacy law.

Respond to organ and tissue donation requests

We can share health info about you with organ donation organizations.

Work with a medical examiner or funeral director

We can share health info with a coroner, medical examiner or funeral director when a person dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions. These may include military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share your health info in response to a court or administrative order or subpoena.

Our Duties

- We are required by law to maintain the privacy and security of your protected health info.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your info.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your info other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all info we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organization.

*Keystone Specialty Pharmacy, LLC
Highland Medical Arts, 106 Highland Way, Suite #206 Madison, MS 39110
www.keystone-pharmacy.com
Privacy policy contact: Kim Clark, RPh
Email: kim@keystone-pharmacy.com
Phone: 1 (855) 739 - 9948*