New Patient

WELCOME BOOKLET

USC Pharmacy

Keck Medicine of USC Specialty Pharmacy

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USC Pharmacy

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 our toll-free number 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

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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.

We offer services for the following disease states:

- Dermatology
- Gastroenterology
- Hepatitis
- Immunology
- Multiple Sclerosis
- Oncology
- Pulmonology
- Rheumatology

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
- If you are experiencing adverse reactions to your medications

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.

We will inform you if our pharmacy is in network or our of network and the difference in cost.

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.

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ORDER STATUS UPDATES

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

DRUG SUBSTITUTION PROTOCOLS

From time to time it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay. You will be informed of any changes to your medication prior to our pharmacy filling your prescription.

Additionally, there may be times where a certain drug is unavailable to be ordered from the manufacturer that provides your medication. In this case, we may need to substitute your medication to be supplied by a different manufacturer. Your medication will include a sticker notifying you that your medication may look different than it previously did, although the same drug and strength are being supplied to you. You may call us if you have any questions or concerns regarding your medication.

DELIVERIES

Geographic Service Area: We offer free delivery in the state of California and are only able to deliver to residents within 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. Please call the pharmacy to confirm.

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.

If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box, and place it in the refrigerator.

If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

How do I throw away my needles and unused medications?

We will give you a sharps container for free with your first injectable medication 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 to Friday: 8:30am – 6pm
Saturday: 9am – 3pm
(closed for lunch 12pm – 12:40pm)
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.

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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, especially during these key times when you are likely to get and spread germs:
  - Before, during, and after preparing food
  - Before eating food
  - Before and after caring for someone at home who is sick with vomiting or diarrhea
  - Before and after treating a cut or wound
  - After using the toilet
  - After changing diapers or cleaning up a child who has used the toilet
  - After blowing your nose, coughing, or sneezing
  - After touching an animal, animal feed, or animal waste
  - After handling pet food or pet treats
  - After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

- Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However, hand sanitizers do not get rid of all types of germs; may not be as effective when hands are visibly dirty or greasy; might not remove harmful chemicals from hands like pesticides and heavy metals.

- How to use hand sanitizer
    1. **Apply** the gel product to the palm of one hand (read the label to learn the correct amount).
    2. **Rub** your hands together.
    3. **Rub** the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.
- 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.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take any medication that was prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs, or crutches, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes, or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home:

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all water spills, oil, or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords & rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Lifting

If it is too big, too heavy, or too awkward to move alone - GET HELP. Here are some things you can do to prevent low back pain or injury:

- Stand close to the load with your feet apart for good balance.
- Bend your knees and "straddle" the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

Electrical Accidents

Watch for early warning signs, overheating, a burning smell or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year or as needed.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines, and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood, and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door, and seal the cracks to hold back smoke. Signal help from the window.

EMERGENCY & DISASTER PREPAREDNESS PLAN

USC Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area USC Pharmacy will contact you prior to any disasters the city may encounter. However, if there may be a threat of disaster or inclement weather in an area you reside, which is outside of the Los Angeles County area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

USC Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where USC Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

- The pharmacy will make every effort to call you prior to any predicted emergency such as a severe weather, fires, or power outages utilizing the weather updates as point of reference.
    - If we have not contacted you or if you are not in the Los Angeles County area and are aware you will be experiencing inclement weather or other predicted emergencies, you are responsible for calling the pharmacy 3-5 days before the occurrence.

- The pharmacy will send your medication via courier or FedEx next day delivery during any suspected inclement weather or other predicted emergencies.
- If the pharmacy cannot get your medication to you before an inclement weather or other predicted emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
- If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news, and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
- The pharmacy recommends all patients leave a secondary emergency number.
- If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

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.

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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.
- You are experiencing an adverse effect to you medication.
- 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.

What should I do if my medication is recalled?

If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer. If you have not heard from our pharmacy, please do not hesitate to call us.

What should I do if I have a concern or complaint?

Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing, or by email.

- Please contact the pharmacy if you have any concerns or wish to speak to someone about a complaint.
  - Keck Medicine of USC Specialty Pharmacy
    - Website: **https://pharmacies.usc.edu/pharmacies/keck-medicine-of-usc-specialty-pharmacy/**
- 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.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:
  - ACHC Complaint Info
    - Website: **https://www.achc.org/contact/**
    - For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department

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 free to voice concerns, complaints, and grievances regarding treatment. Such concerns will be received without restraint, interference, or fear of reprisal.
- 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.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, in advance of care/service being provided and their financial responsibility.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.

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- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

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.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.

2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.

3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.

4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.

5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.

6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.

7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.

8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.

9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.

11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).

12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and beneficiary instruction.

13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.

14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.

16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.

17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.

18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.

19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.

20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.

24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.

25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).

27. A supplier must obtain oxygen from a state-licensed oxygen supplier.

28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).

29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.

30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

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

USC Pharmacy

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