



**BioPlus... Where Healing Begins in 2 Hours!™**

Contact Us

Mailing Address:  
376 Northlake Blvd.  
Altamonte Springs, FL 32701

Phone:

1-866-514-8082

Email:

pharmacy@bioplusrx.com

Web:

www.bioplusrx.com

www.bioplushealth.com

REFILLS

Please contact us one week prior to your refill need at:

1-866-514-9982







Dear Patient and Family:

Thank you for choosing BioPlus Specialty Pharmacy.

As a BioPlus patient you will automatically receive the benefits of our Patient Management Program. This program has been designed by our team of pharmacists and nurses and will help you be involved in your care, understand your therapy and have the best opportunity for treatment success. These benefits begin when you are admitted to our services.

We begin by educating you about your therapy. This will help you to understand the importance of being compliant in taking your medications and following your physician's orders. We will provide you with all the medication and supplies needed to complete your therapy. We will also instruct you when to take your medications, how to communicate with us and your physician for improved side effect management and teach you how to properly care for the medications in your home. We will ship the needed medication and supplies to your home on a scheduled basis. Our staff will speak with you before every refill to briefly discuss your treatment progress. Our goal is to give you every opportunity to benefit from your therapy and help you to heal.

Your job is to participate in your care and communicate with our staff. Being involved in your care will ensure you get the most out of your treatment. We ask you to speak openly with our staff regarding any issues you are having with your medication. We're here to help make your therapy a success! Without your participation and communication with our team, you may limit your overall success and the benefit of the Patient Management Program. If you choose not to participate in the Patient Management Program, please speak with a member of our Pharmacy Team.

Our Doctors of Pharmacy are available 24 hours a day, 7 days a week to answer your questions. If you have any questions about your medication or shipment, please contact our pharmacy at 1-866-514-8082. In case of a medical emergency, please call 911.

BioPlus always dispenses a less expensive, generically equivalent, FDA approved drug for brand name drugs whenever possible, unless otherwise indicated by you or your physician.

If you should have any questions, comments, concerns or complaints regarding our services, please contact me any time.

Sincerely,  
Dr. Nick Maroulis, PharmD  
VP of Pharmacy Services  
BioPlus Specialty Pharmacy  
1-800-628-6965

For more information go to [www.bioplusrx.com](http://www.bioplusrx.com)

**Address**

376 Northlake Blvd.  
Altamonte Springs, FL 32701

**Phone**

1 (407) 830-8820  
1 (866) 514-8082

**Web**

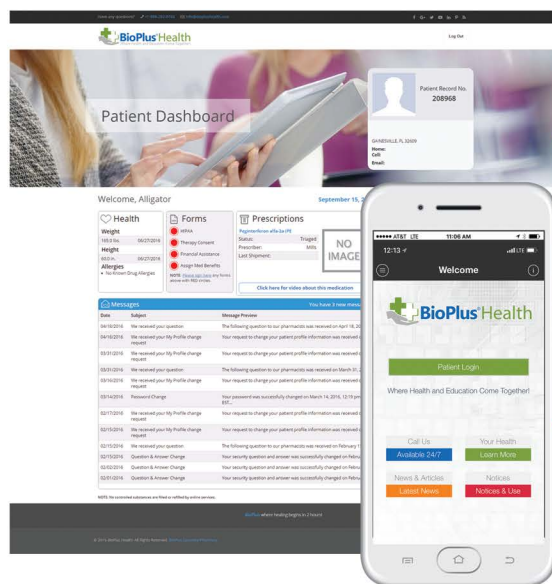
[info@bioplusrx.com](mailto:info@bioplusrx.com)  
[www.bioplusrx.com](http://www.bioplusrx.com)

# BIOPLUS HEALTH

## WHERE HEALTH AND EDUCATION COME TOGETHER

BioPlus Health is a place for patients and providers to:

- **Access Dashboards:** You can view the status of your medications.
- **Medication Guides & Videos:** Latest treatment guidelines and videos for specialty medications.
- **Instant Access:** Get answers to your questions quickly with our provider chat feature!
- **Health and Education:** The education component of BioPlus Health gives you the latest developments in your health conditions, including treatment breakthroughs.



### Activate your Patient Account Today!

1. Go to: [my.bioplushealth.com/login/register](https://my.bioplushealth.com/login/register)
2. Fill out and submit the registration form, including agreeing to our Terms of Use
3. If the email address that you entered is different than the one in our records, you'll be prompted to verify it. Otherwise, you'll be taken directly to your account.



# NOTICE OF PRIVACY PRACTICES

**BioPlus Specialty Pharmacy** (Pharmacy Center) is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and to be in compliance with federal regulations. By "your health information" we mean the information that we maintain that specifically identifies you and your health status.

## SUMMARY

This Notice describes how we use your health information within the Pharmacy Center and disclose it outside the Pharmacy Center and why.

The Notice covers:

- Uses or disclosures which do not require your written authorization. Treatment, payment, and health care operations.
- Uses or disclosures of your health information to which you may object.
- Uses or disclosures required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

## USES OR DISCLOSURES WHICH DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION

### Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

For treatment, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.

For payment, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.

For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

### Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact our Privacy Official: **Claire Reisenweaver, 376 Northlake Blvd., Altamonte Springs, FL 32701 : 407-830-8820, ext. 4300**



# NOTICE OF PRIVACY PRACTICES

CONTINUED...

## USES OR DISCLOSURES REQUIRED OR PERMITTED

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state, or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect, or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.

## USES OR DISCLOSURES WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.
- Sale of your information.

## YOUR RIGHTS AS A PATIENT TO PRIVACY OF YOUR HEALTH INFORMATION

**Right to Request Restrictions:** You have the right to request restrictions on our uses and disclosures of your health information; however we may refuse to accept the restriction. If you pay for a health care service or item out of pocket in full, you can ask us not to share that information with your health insurer for the purposes of payment or health care operations, and we will honor that request unless a law requires us to disclose that information.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.

**Right to Request Access to Your Health Information:** You have the right to request to see or get an electronic or paper copy of your health information. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

**Right to Request an Amendment of Your Health Information:** You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

**Right to Request an Accounting of Disclosures of Your Health Information:** You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

**Right to Obtain a Paper Copy of this Notice:** If you received this Notice electronically, you have the right to receive a paper copy.



# NOTICE OF PRIVACY PRACTICES

CONTINUED...

## YOUR RIGHTS AS A PATIENT TO PRIVACY OF YOUR HEALTH INFORMATION CONT.

To exercise any of these rights please write or telephone our Privacy Official:

**Claire Reisenweaver**  
376 Northlake Blvd.  
Altamonte Springs, FL 32701  
407-830-8820, ext. 4300

## OUR DUTIES IN PROTECTING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This notice discharges that duty.
- We must abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from our Privacy Official.
- We are required to notify you if a breach occurs that may have compromised the privacy or security of your information.



# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

## PATIENT'S RIGHTS

As a patient with **BioPlus Specialty Pharmacy Services, Inc., MedScripts Medical Pharmacy, River Medical Pharmacy and Route 300 Pharmacy (each "Pharmacy")**, you have the right to:

1. Be fully informed at the time of admission or before the start of treatment of your rights and responsibilities.
2. Receive considerate and respectful care regardless of age, race, color, sex, national origin or whether or not an Advanced Directive has been executed. This applies to you and your property.
3. Know about the philosophy and characteristics of your patient management program.
4. Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
5. Receive information about the patient management program and up to date information about your condition, treatment, alternative treatments and care plan.
6. Be free from verbal, physical, and psychological abuse and to be treated with dignity.
7. Review your medical insurance before you begin therapy. You have the right to review and receive an explanation of your bill, including the expected sources of payment. As with other health care services, you may be responsible for certain charges related to your therapy. You have the right and responsibility to discuss your need for a special payment plan with members of the company's Reimbursement Department.
8. Review your medical records, at any reasonable time, with the permission of your doctor.
9. Receive administrative information regarding changes in or termination of the patient management program.
10. Participate in developing your plan of care and discharge plan; to be informed of all services the agency provides; when and how services will be provided, and the name and function of any person and affiliated agency providing care and services.
11. Receive training in the prescribed therapy. The reason for its use, and any possible side effect related to the use of drugs, supplies, and equipment will be explained. Written instruction, demonstrations, and supervision by a registered nurse will be provided, until you are able to repeat the required tasks safely.
12. Receive supplies and equipment delivered at a time that is mutually acceptable to you and the Pharmacy.
13. Access the Pharmacy staff as needed. Ongoing care includes both direct and indirect care by staff experienced in the therapy you receive. This includes 24 hour access to nursing staff and/or Pharmacy staff.
14. Expect privacy including confidential handling of all your medical records and to refuse release of records to any individual outside the agency, except in the case of transfer to another health facility, and as otherwise provided by law or third party payer contract.
15. Refuse treatment, to the extent permitted by law, after being fully informed of the results of such a decision.
16. Lodge a complaint to the Pharmacist and expect an answer to any complaints or concerns you discuss with the company within the time frame required by the carrier, but not more than 5 business days following the complaint without concern of discrimination or reprisal. If after continued discussion you are still not satisfied, several applicable hotlines are available to lodge a complaint investigation.
17. Receive information on the proper use and storage of your prescription medication.
18. Receive instruction of Drug Recalls.
19. Receive instruction on how to receive medication during a disaster or if a delay occurs.
20. Formulate an Advanced Directive.
21. Have any person of their choosing be a part of the pharmacy consultation or care planning.
22. These rights pertain to the legal guardian if the patient is legally incompetent or a minor, according to state law.
23. Furthermore, as a patient you can expect:
  - That your reports of pain will be believed;
  - Information about pain and pain relief measures;
  - A concerned staff committed to a pain management plan
  - Health professionals who respond quickly to pain.
  - Effective pain management.





# PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

CONTINUED...

## PATIENT'S RESPONSIBILITIES

### **You have the responsibility to:**

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, insurance coverage and other issues pertinent to your therapy.
2. To carry out your therapy as instructed, to maintain a safe home setting for the storage and proper use of your medications, and to be available or return calls to Pharmacy staff to discuss response and tolerance of therapy once you have been introduced to our Pharmacy and patient management program.
3. Notify the Pharmacy's nurse or pharmacist of side effects, or significant changes in your medical condition.
4. Participate in planning your care.
5. Agree to contact our office 5 - 7 days prior to needing your medication refill.
6. Communicate if you do not comprehend the course of treatment or care plan.
7. Respect the rights of Pharmacy personnel.
8. Review the information about our company sent to you in your first shipment.
9. Call our office if you have any questions about the company information or about our consent forms.
10. Sign and return our consent forms.
11. Notify the pharmacy of any changes to your contact information.
12. Request more information about anything you do not understand, including billing questions.
13. Notify the Pharmacy if you are admitted to the hospital, if the doctor stops your therapy, or if you plan to travel while receiving therapy.
14. Submit any forms that are necessary to participate in the program, to the extent required by law.
15. Notify your treating provider of participation in the patient management program, if applicable.
16. Pay certain charges should they not be covered by your insurance, and/or arrange special payment plans as needed.
17. Voice complaints or concerns to the pharmacy staff or to a pharmacist.
18. As a patient of this Pharmacy, we expect that you will:
  - Ask your pharmacist what to expect regarding pain and pain management;
  - Discuss pain relief options with a pharmacist;
  - Work with your pharmacist and/or nurse to develop a pain management plan;
  - Ask for pain relief when pain first begins;
  - Help your health care professionals assess your pain;
  - Tell your pharmacist if the pain is not relieved; and
  - Discuss your concerns regarding the use of pain medication.





## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES CONTINUED...

- If you are in the state of CT and you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling 1-860-713-6065.
- If you are in the state of FL call Home Health Hot Line 1-888-419-3456, if you need to resolve any complaints or need questions answered regarding a Home Health Agency. Hours of operation: 8:00 a.m. to 5:00 p.m. Monday through Friday except holidays.
- If you are in the state of FL and need to report abuse, neglect or exploitation: 24 Hour Hot Line 1-800-96A-BUSE (1-800-962-2873)
- If you are in the state of SC call for Home Health complaints: 805.545.4370 or <http://www.scdhec.gov/Health?FindingQualityHealthcare/FileaComplaint/FileaComplaintAllOtherHealthcareFacilities/>
- Accreditation Commission for Health Care: 1-919-785-1214

The products and/or services provided to you by Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations § 424.57 (c). These standards concern business professional and operational matters. The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of these standards. The products and/or services provided to you by Pharmacy are subject to Florida Patient's Bill of Rights and Responsibilities shown at Florida Statutes § 381.026. The full text of this statute can be obtained at <http://www.leg.state.fl.us/statutes/>. Upon request we will furnish you a written copy of these rights and responsibilities.



# EMERGENCY PREPAREDNESS DISASTER PLAN

## BE PREPARED FOR AN EMERGENCY

It is important to develop an emergency plan before disaster strikes. It is especially important for people with medical concerns to have a plan in place in order to ensure that the same level of care is maintained in the event of a disaster. BioPlus Specialty Pharmacy has developed a checklist to help you and your family be prepared.



### 3 Steps to Preparedness

1. Be Informed
2. Make a Plan
3. Build a Kit

<http://www.ready.gov/>

### Contact Us

Call **BioPlus Specialty Pharmacy**, 1-866-514-8082, and instruct us as to where the medication can be delivered so your therapy can continue without interruption.

- **Listen:** To local radio and TV stations for emergency broadcast services and follow their instructions.
- **Contact:** The power company if you have home health equipment that plugs in. Ask to be added to the priority list for power or a generator so your equipment will continue to work during a power outage.
- **Contact:** The telephone company to put you on the "Essential User Lists" so you can keep in touch with your health care providers.
- **Miscellaneous:** Keep a cooler of ice on hand. If the power is out and the inside of your refrigerator warms up, medications should instead be stored in the cooler.  
Stock up on canned goods and nonperishable foods.  
Know where your water and gas shut-off valves are located.  
Call BioPlus Specialty Pharmacy at 1-866-514-8082 if you need to leave your home during a disaster and let us know where to deliver your medication so your therapy can continue.





# INSTRUCTIONS FOR BIOMEDICAL WASTE

1. Place all used needles, devices with needles, and "spikes" from the top of intravenous tubing, in your sharps container.
2. Place all other non-sharps waste (dressing changes, gauze, alcohol wipes, Band-Aids, etc.) into your regular garbage.
3. For disposal of expired, damaged, or unusable medications follow the most recent FDA Guidelines for appropriate medication disposal found at [www.fda.gov](http://www.fda.gov):
  - Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information tells you to.
  - If no instructions are given, throw the drugs in the household trash, but first:
    - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter.
    - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
    - Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.
    - When in doubt about proper disposal, call BioPlus Specialty Pharmacy and speak to your pharmacist.
4. To dispose of your sharps container, you may:
  - TAKE TO ANY STATE HEALTH DEPARTMENT
  - TAKE TO ANY FIRE STATION
  - CONTACT YOUR WASTE DISPOSAL COMPANY FOR GUIDELINES
  - DROP OFF AT OUR OFFICE
  - CALL BIOPLUS SPECIALTY PHARMACY TO SCHEDULE A RETURN.
5. At the completion of your therapy, you can keep the remaining supplies or return them to BioPlus Specialty Pharmacy.
6. Returned supplies will not be credited to your account and cannot be reused due to the risk of disease transmission and/or cross-contamination.



## IF YOU HAVE A CHEMOTHERAPY INFUSION BAG

CHEMOTHERAPY INFUSION BAGS should be placed in a Ziploc bag before going into the red biohazard bag with all other infusion waste for pick up by **BioPlus Specialty Pharmacy.**



**BIOMEDICAL WASTE IS NOT A  
RECYCLABLE ITEM**

**DO NOT PLACE IN RECYCLE BINS!**

# MEDICARE BENEFICIARIES COMPLAINT RESOLUTION PROTOCOL

## PROTOCOL FOR RESOLVING COMPLAINTS

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaints Log. Completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing, and may include a telephone call, by a manager within the time frame required by the carrier, but not more than 5 business days after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up or service.



### How to File a Complaint

You may file your complaint with our Pharmacy by calling or writing to our Privacy Official:

**Claire Reisenweaver**  
376 Northlake Blvd.  
Altamonte Springs, FL 32701  
407-830-8820, ext. 4300

You may file a complaint with the Secretary of Health and Human Services by writing to:

**Secretary of Health and Human Services**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

(source: [www.hhs.gov](http://www.hhs.gov))

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.





[illegible]

## PRESCRIPTION RECORD

KEEP YOUR MEDICATION LIST UPDATED  
AND SHARE WITH YOUR PHYSICIAN

[illegible]



# SYMPTOM TRACKER

[illegible]



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

**BioPlus Specialty Pharmacy**  
376 Northlake Blvd.  
Altamonte Springs, FL 32701

Toll Free: 888.292.0744  
Email: [info@bioplusrx.com](mailto:info@bioplusrx.com)