

Financial Policy

The following information outlines your financial responsibilities related to payment for pharmacy services:

Hudson Pharmacy & Surgical participates in most major insurance plans for prescription coverage including Medicaid, Medicare Part D, New York State Epic Program, and all commercial and private prescription coverage insurances.

- Our billing department will submit claims to the patient's prescription coverage insurance plan, and we will assist you in any way we can to get your prescription paid.
- It is the patient or patient's POA responsibility to provide all necessary insurance information including secondary plans to us. Whenever possible, please provide us with a copy of your specific insurance plan info. In the event of insurance plan changes, please notify us as soon as possible in order to keep receiving maximum benefits.
- Your insurance plan may require us to collect co-payments for your prescriptions.
- Your insurance plan may include deductibles, coverage gaps, and/or other out of pocket expenses as part of your coverage. If in doubt, feel free to ask us to review your plan.
- Any outstanding balance due on your account after adjusting for all your insurance's responsibilities will be billed to you.
- Please familiarize yourself with your plan's out of pocket requirements. Hudson Pharmacy cannot not waive, fail to collect, or discount co-payments, deductibles, or other patient responsibilities.
- For prescriptions that are not covered by your insurance plan, out-of-network, or strictly mail-order plans, the cost of the prescription will be your responsibility.
- We offer a discounted prescription rate for those who do not have prescription insurance coverage. In addition, if you are over age 65, we can help you to enroll in Medicare Part D.
- Patients who ignore our request for payments that are the responsibility of the patient for over 60 days may be referred to a collection agency. Be aware as well that if a balance remains unpaid for more than 60 days, we will not provide further services to that person.
- All invoices unpaid after 30 days will be subject to an additional charge of 1.5% per month, as permitted by the State of New York. Patient and/or patient's POA agrees to pay and/or reimburse Hudson Pharmacy & Surgical Supplies, Inc. for any and all collection costs, including all reasonable attorney fees and court costs including a 45% collection fee.

*Thank you for taking the time to review our policies.
Please feel free to ask questions or share with us any specific concerns.*

Responsible Party Name: _____ Date: _____

Address: _____

Signature: _____

PATIENT INFORMATION

| | | | |
|------------------------|--|--------------------------|--|
| First Name | | Last Name | |
| Date of Birth | | Phone Number | |
| Medicare Number | | Social Security # | |
| Facility Name | | Room Number | |
| Move In Date | | Primary Physician | |
| Allergies | | | |

FINANCIAL REPRESENTATIVE AND BILLING INFORMATION

| | | | |
|---------------------|--|---------------------|--|
| First Name | | Last Name | |
| Relationship | | Phone Number | |
| Cell Phone | | Email | |
| Address | | | |

PAYMENT INFORMATION

| | |
|---|--|
| Visa – Master Card – Discover – Amex | |
| Card Holder Name | |
| Card Number | |
| Billing Address | |

The authority for payment from the credit card listed above will remain in full force and effect until Hudson Pharmacy & Surgical and the credit card company receive written notification from me that I wish to terminate its authority, and Hudson Pharmacy & Surgical and the credit card company have a reasonable opportunity to act on my written notice. HIPAA Compliance Policy is available on our website, www.hudsonrx.com

Card Holder Signature: _____ Date _____

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS AS STATED IN THIS PATIENT ADMISSION AGREEMENT FORM AND HAVE RECEIVED THE NOTICE OF PRIVATE PRACTICES.

Patient/Legal Representative Name _____ Signature _____ Date _____

Financial Representative Name _____ Signature _____ Date _____

Hudson Pharmacy & Surgical

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes the pharmacy's privacy practices and the rights you, the individual, have as they related to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created. This pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. The pharmacy reserves the right to change the pharmacy's privacy practices and this Notice. Revisions to the Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

HOW THE PHARMACY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the pharmacy is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The pharmacy will use your PHI to conduct quality assessments, improvement activities, and evaluate the pharmacy workforce.

The following is an accounting of additional ways in which the pharmacy is permitted or required to use or disclose PHI about you without your written authorization.

Uses and disclosures as required by law: The pharmacy is required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: The pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability.

Uses and disclosure about victims of abuse, neglect, or domestic violence: The pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The pharmacy may use or disclose PHI about you to a health oversight agency for oversight activities that it is authorized by law to conduct.

Disclosures for judicial and administrative proceedings: The pharmacy may disclose PHI about you during any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy.

Disclosures for law enforcement purposes: The pharmacy may disclose PHI about you to law enforcement officials for authorized purposes.

Uses and disclosures about the deceased: The pharmacy may disclose PHI about the deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaver organ, eye or tissue donation purposes: The pharmacy may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaver organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The pharmacy may use and disclose PHI about you for research purposes with a valid waiver of authorization from the research board. Otherwise, the pharmacy will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions: The pharmacy may use or disclose PHI about you for specialized government functions including military, national security and intelligence, protective services, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: The pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Disclosures to business associates: The pharmacy may disclose PHI about you to the pharmacy's business associates for Services that they may provide to or for the pharmacy.

OTHER USES AND DISCLOSURES

The pharmacy may contact you for the following purposes:

Refill reminders: The pharmacy may contact you to remind you of your prescription upon such a time they are ready to be refilled.

Information about treatment alternatives: The pharmacy may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The pharmacy may use your PHI to notify you of benefits and services the pharmacy provides.

Fundraising: If the pharmacy participates in a fundraising activity, the pharmacy may use demographic PHI to send you fundraising packet, or the pharmacy may disclose demographic

PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

FOR ALL OTHER USES AND DISCLOSURES

The pharmacy will obtain a written authorization from you for all other uses and disclosures of PHI, and the pharmacy will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact John W. Frustace.

YOUR HEALTH INFORMATION RIGHTS

The following is a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the pharmacy's uses and disclosures of your PHI; however, the pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, Request for Restriction of Uses & Disclosures, from the pharmacy and return the completed form to the pharmacy or return to contact John W. Frustace.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that the pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the pharmacy to have an accurate address and home phone number in case of emergencies. The pharmacy will consider all reasonable requests. If you wish to request a change in your communicating- address and/or phone number, please obtain a form, Request for Alternative Arrangements for Confidential Communication, from the pharmacy and return the completed form to the pharmacy or return to contact John W. Frustace.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, Request for Access to Records, from the pharmacy and return the completed form to the pharmacy or return to contact John W. Frustace. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the pharmacy maintains about you, if you feel that the PHI the pharmacy has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services, or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, Request for Amendment to PHI, from the pharmacy and return the completed form to the pharmacy or return to contact John W. Frustace.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an

accounting of certain disclosures of your PHI made by the pharmacy. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, Request for Accounting of Disclosures, from the pharmacy and return the completed form to the pharmacy or return to contact John W. Frustace. You should be aware; however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

The right to receive additional copies of the Pharmacy's Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a pharmacy workforce member and they will provide you with a copy.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the Notice in the pharmacy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with the pharmacy, please contact John W. Frustace. If you wish to file a complaint with the Secretary, please write to:

The US Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

The pharmacy will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact:

Hudson Pharmacy & Surgical Supplies
40 Spring Street
Ossining, New York 10562
914-941-4476