

SPECIALTY PHARMACY

ROOTED IN CARE, COMPASSION
AND OUR COMMUNITIES



Serving patients with long lasting and complex health conditions.





WELCOME

Dear Patient,

On behalf of Market 32 and Price Chopper Pharmacy, we would like to welcome you into our Specialty Pharmacy program! We are excited about the opportunity to provide services to you for your specialty prescriptions. Market 32 and Price Chopper Pharmacy is a full-service pharmacy with 80 locations throughout New York, Pennsylvania, Massachusetts, Connecticut, Vermont and New Hampshire. Our pharmacies are complete health and wellness destinations where caring health professionals are ready to provide personalized pharmacy care and answer all your health and medication related questions. We have been devoted to caring for our patients for generations, over 20 years and counting.

Market 32 and Price Chopper Specialty Pharmacy is one part of Market 32 and Price Chopper Pharmacy. Our Specialty Pharmacy is a complete Specialty Pharmacy solution dedicated to serving patients living with long lasting and complex conditions. It is the goal of our Specialty Pharmacy to provide our patients with access to their specialty medications right at their trusted local Market 32 and Price Chopper Pharmacy. However, in some situations we are required to dispense medications from our central Specialty Pharmacy location and will deliver directly to your home, work, healthcare provider's office, or any other location depending on your preference and the medication requirements. We understand that your medical condition is one that requires special knowledge, training and communication. To account for this, our dedicated team of Pharmacists and Patient Care Coordinators are trained to provide these special services to meet your unique needs. Our dedicated team will work closely with you, your Prescriber, and insurance company throughout your course of specialty pharmacy medication therapy.

As a patient of Market 32 and Price Chopper Specialty Pharmacy, you will receive a call from our team regularly to check how you are doing, act on any of your needs and schedule your next refill. Plus, our team is always available to answer any questions you may have. We are here for you and our goal is to make using specialty medications as easy as possible.

This welcome packet is designed to inform you of various important Policies and Procedures of Market 32 and Price Chopper Specialty Pharmacy, as well as our contact information. Once you have reviewed the packet, please return the enclosed acknowledgment form to us using the envelope provided. If you should have any questions or concerns regarding the information provided in this packet, please contact us at (844) 431-7277.

Our team truly looks forward to the opportunity to get to know you. Thank you for trusting Market 32 and Price Chopper Specialty Pharmacy for your specialty medication needs.

Sincerely,

The Market 32 and Price Chopper Specialty Pharmacy Team





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*  (please mail back the acknowledgment form in the postage paid envelope)



WHAT IS SPECIALTY PHARMACY?

A Specialty Pharmacy provides medication, complete support, and resources to treat long lasting and complex health conditions. Specialty medications can be taken by mouth, by needle under the skin, breathe in, or applied to the skin. Typically, these medications are expensive and require special handling, storage, and personalized support. That is why the dedicated team at Market 32 and Price Chopper Specialty Pharmacy is available to provide the care needed to help patients manage their treatment from start to finish.



Market 32 and Price Chopper Specialty Pharmacy



OUR MISSION

To provide patients with long lasting health conditions, which require specialized medications, personalized patient support, clinical care, copay assistance, and medication counseling while allowing the patient to access their medication at their local Market 32 and Price Chopper Pharmacy that they know and trust. Price Chopper Specialty Pharmacy serves patient with chronic health conditions in Connecticut, Massachusetts, New Hampshire, New York, Pennsylvania and Vermont.

OUR THERAPEUTIC AREAS OF CARE

- ⌘ Rheumatoid Arthritis
- ⌘ Psoriasis
- ⌘ Crohn's Disease
- ⌘ Osteoarthritis
- ⌘ Ulcerative Colitis
- ⌘ Oncology
- ⌘ Psoriatic Arthritis
- ⌘ HIV/AIDS
- ⌘ Transplantation
- ⌘ Hepatitis
- ⌘ Multiple Sclerosis
- ⌘ Growth Hormone Deficiency
- ⌘ Fertility
- ⌘ Behavioral Health



Market 32 and Price Chopper Specialty Pharmacy



CONTACT US

Market 32 and Price Chopper Specialty Pharmacy
501 Duanesburg Road
Schenectady, NY 12306

Email: specialtypharmacy@pricechopper.com
Toll-free Phone: (844) 431-7277
Toll-free Fax: (844) 432-7277
Website: pricechopper.com/pharmacy/specialty-pharmacy/



LOCAL COMMUNITY PHARMACY LOCATIONS

Our local in-store Market 32 and Price Chopper Community Pharmacy locations are open 7 days a week* for all your prescription and non-prescription needs. Hours vary by location, please contact your local Market 32 and Price Chopper Pharmacy or visit www.pricechopper.com/pharmacy for specific details.

**Not applicable to all locations.*



Market 32 and Price Chopper Specialty Pharmacy

HOURS OF OPERATION

We are open Monday through Friday, 9am to 6pm. If you have urgent medication related questions or concerns, a licensed Pharmacist is available 24 hours a day, 7 days a week by calling (844) 431-7277 (toll-free) and following the message prompts.

Market 32 and Price Chopper Specialty Pharmacy is closed on the following days to observe the holiday:
• New Year's Day • Memorial Day
• Independence Day • Labor Day
• Thanksgiving • Christmas



ELIGIBILITY FOR MARKET 32 AND PRICE CHOPPER SPECIALTY PHARMACY SERVICES



To be eligible for our services a patient needs to have a valid prescription for a specialty medication, as prescribed by a licensed Prescriber. Eligibility for our services may also be dependent upon a patient's individual health insurance. We will provide verification of patient insurance benefits to determine any limitations we may have providing services.

Ongoing eligibility for our patient management program is dependent upon our team having successful contact with the patient or caregiver. Following 3 unsuccessful contact attempts, patients will be contacted by mail and opted-out of our patient management program services. Once contact with the patient or caregiver is re-established the patient management program services can continue.

Our Specialty Pharmacy services are provided to you at no additional cost. You can always choose to opt-out of these services at any time by speaking with one of our local community Pharmacy teams or calling the Specialty Pharmacy team at (844) 431-7277.



FINANCIAL ASSISTANCE SERVICES



Our dedicated team will work with your insurance company and Prescriber's office to determine your out-of-pocket prescription costs including applicable deductible costs, co-pays, and co-insurance totals. We will assist your Prescriber to get prior authorization for your medications, if necessary. Additionally, our team will help to identify all available resources to reduce your out-of-pocket expenses, including manufacturer co-pay assistance programs, patient assistance funds, and/or grant programs. Our team also supports affordable care by evaluating lower-cost treatment options when clinically appropriate. We will review the network status of the pharmacy and provide the cash price, when requested. If you are having difficulty affording your out-of-pocket responsibility, please contact our Specialty Pharmacy Team at (844) 431-7277 to see if we can help.



ABOUT OUR PATIENT MANAGEMENT PROGRAM



Our patient management program has many benefits, all of which are listed throughout this welcome packet. The primary benefit of our patient management program is providing you an opportunity to focus on improving your overall health.

In order to achieve this primary benefit, we will:

- Answer any concerns or questions that you may have about your medication therapy.
- Make sure you understand why you are taking your medication.
- Teach you how to take your medication correctly.
- Inform you of any medications to avoid, as well as any side effects that you may experience from your medication.
- Contact your Prescriber when needed.
- Coordinate any care you may need that we cannot provide.

Being informed and educated on both your disease and treatment will go a long way to ensure your treatment is successful, while also allowing you to make more informed decisions about your health. The success of our program does have some limitations that are largely dependent upon you.

You must be willing to:

- Follow the direction of your Prescriber and our Pharmacy Team.
- Take your medications as directed.
- Discuss with our Pharmacy Team the details of your disease, health history, and any current issues you may be experiencing.



MANAGEMENT OF YOUR PRESCRIPTION



- Our dedicated team is ready to help manage all of your prescription needs.
- To fill a prescription with us, simply have your health care provider send your prescription to any Market 32 or Price Chopper pharmacy location. Our team will contact you by phone to review our program details and the status of your prescription.
- For prescription refill management we will contact you 5 to 7 days prior to your next scheduled refill to review your treatment with you and schedule your next fill.
- **If we need to transfer your prescription to another pharmacy, we will contact you and your health care provider to review the details and answer any questions.**
- At any point in the prescription management process, if you have any concerns or changes to how you are instructed to use your medication, please contact us at (844) 431-7277 and speak with a Patient Care Coordinator who will coordinate with your insurance, as needed to ensure you have access to your medication.

RECEIVING YOUR MEDICATION ORDER



When it comes to receiving your medication order, we offer multiple methods to do so. Typically, you will have the option to use one of our local community pharmacies to pick up your medication order or have it delivered. However, there are some medications that we will be required to ship to you or your Prescriber. Our Patient Care Coordinator will review these options with you prior to us processing your order.

Specialty medications that we do ship out are sent for next day delivery at no cost to you. We will contact you or an approved representative prior to shipping out any medication to confirm the proper shipping location, address, and out-of-pocket responsibility. We cannot ship any medication without you or your approved representative providing direct permission to do so.

Some situations may require you or an adult family member to be present to sign for your delivery. Signature releases cannot be requested if Medicare and/or Medicaid is your insurance payer.

Deliveries can take up until 8pm to arrive, depending on your location on the driver's route. If you need to make special delivery arrangements, please speak with one of our Patient Care Coordinators at (844) 431-7277.

Please open your order and review the contents immediately once you receive it to ensure your order is correct and complete. Please notify Market 32 and Price Chopper Specialty Pharmacy of any delivery or shipment related concerns or complaints **immediately or at least within 24 hours** by calling (844) 431-7277. You may be financially responsible for the shipment if you fail to report any issues within a timely manner.

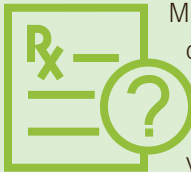
To cancel a shipment, you must contact Market 32 and Price Chopper Specialty Pharmacy at (844) 431-7277 before the package leaves the pharmacy. You will assume financial responsibility for any cancellation of shipments made after the medication has already been shipped.



QUESTIONS ABOUT YOUR ORDER

Please contact us at (844) 431-7277 or by email at specialtypharmacy@pricechopper.com if you:

- Have any questions or concerns
- Would like the status of an order
- Have billing or claims information questions
- Have concerns regarding a potential error
- In the case of an emergency, disaster, or delay



Market 32 and Price Chopper also offers a Mobile Application, Mobile Text Alerts, and on-line access to allow you to easily manage your prescriptions, order and track refills, review your medication history, and more. If you would like to learn more, speak with one of our Patient Care Coordinators who can provide specific details.



PROVIDING FEEDBACK



Market 32 and Price Chopper Specialty Pharmacy strives to meet the needs of all our patients. We welcome feedback of all types, good or bad.

Please complete our Patient Satisfaction Survey rating your Specialty Pharmacy experience by visiting <https://www.surveymonkey.com/r/PCPharmacy>.

If you should have a complaint or grievance to submit regarding our services or your experience, you may do so at any time by contacting us directly at (844) 431-7277 or by calling our Consumer Services line at (800) 666-7667. If our organization cannot help solve your concern(s), then you may contact one of our accreditation partners ACHC at (855) 937-2242 or URAC by completing the grievance form found at <https://www.urac.org/file-a-grievance>.

ADVOCACY & SUPPORT



Our Pharmacy Team is happy to help provide assistance connecting you with local and national advocacy support including support groups, foundations and organizations. If you are interested in receiving this information, please call us at (844) 431-7277.

ADVERSE DRUG REACTIONS



If you should experience an emergent adverse reaction to your medication call 911 or your Prescriber. If your adverse reaction is not of an urgent nature, a Pharmacist is available to assist you, please call us at (844) 431-7277.

MEDICATION EMERGENCY PREPAREDNESS



How to prepare your medications for an emergency so you can decrease the risk of a life-threatening situation.

- 1. Make a list.** Keep a list of all your medications and the dosages in an emergency kit. Make sure you have the phone numbers for your doctors and pharmacies.
- 2. Have your card.** Keep your health insurance or prescription drug card with you at all times so your pharmacy benefits provider or health insurance plan can help you replace any medication that was lost or damaged in a disaster.
- 3. Order early.** During and after a disaster you may not be able to get your prescriptions refilled. Refill your prescription as soon as you are able so you can set aside a few extra days' worth in an emergency kit.
- 4. Storage matters.** Keep your medications in labeled, child-proof containers in a secure place that does not experience extreme temperature changes or humidity. Don't forget to also include non-prescription medications you might need, including pain relievers, cold or allergy medications, and antacids.
- 5. Rotate the date.** Don't let medications in your emergency supply kit expire. Check the dates at least twice every year.
- 6. Prioritize critical medicines.** Certain medications are more important to your health and safety than others. Prioritize your medications, and make sure you plan to have the critical medications available during an emergency.
- 7. Communicate a plan.** Talk to your healthcare provider about what you should do in case you run out of a medication during an emergency. If you have a child who takes a prescription medication, talk to their daycare provider or school about a plan in case of an emergency.
- 8. Plan ahead.** Make sure you know the shelf life and the best storage temperature for your prescriptions, because some medications and supplies cannot be safely stored for long periods of time at room temperature. If you take a medication that needs to be refrigerated plan ahead for temporary storage and administration in an emergency situation.
- 9. Check before using.** Before using any medication in your emergency kit, check to make sure the look or smell hasn't changed. If you are unsure about its safety, contact a Pharmacist or healthcare provider before using.
- 10. Missed Doses.** If you miss doses of your medication, contact a Pharmacist or healthcare provider as soon as possible. Never take additional doses to make up for those that have been missed.

Adapted from CDC Public Health Matters (<https://www.cdc.gov>) posted 10/16/2017.

ALWAYS DIAL
9-1-1
FOR EMERGENCY
ASSISTANCE.



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES



To ensure the finest care possible, as a Patient receiving Durable Medical Equipment (DME) and our Pharmacy services, you should understand your role, rights and responsibilities involved in your care.

Patient Rights

- ❖ To select who provides you with DME and Pharmacy services.
- ❖ To be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to your plan of care.
- ❖ To be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/services expected from third parties and any charges for which you will be responsible.
- ❖ To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- ❖ To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from mistreatment, neglect, or abuse be it verbal, mental, sexual, or physical, including injuries of unknown source, and misappropriation of your property.
- ❖ To receive information about the Specialty Pharmacy Patient Management Program and know about the philosophy and characteristics of it including changes in or termination of the program, as appropriate.
- ❖ To assist in the development and preparation of your plan of care, if applicable, that is designed to satisfy, as best as possible, your current needs.
- ❖ To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, opt-out of services, as applicable, or the termination of services.
- ❖ To express concerns or grievances regarding your treatment or care, lack of respect of property, recommend changes in policy, personnel, or modifications to your DME and/or Pharmacy services, without fear of discrimination or reprisal and to have these concerns or grievances investigated.
- ❖ To receive treatment and services within the scope of your plan of care, promptly and professionally including any limitations of these services, while being fully informed as to our Pharmacy’s policies and procedures and the ability to speak with a healthcare professional.
- ❖ To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- ❖ To have your plan of care, patient record, and all protected health information remain private and confidential, except as required and permitted by law, and be given information as it relates to any uses and disclosures.
- ❖ To have personal health information shared with the Patient Management Program only in accordance with state and federal law, as applicable.
- ❖ To receive upon request, evidence-based health information to include content for common conditions, diagnoses, and the treatment diagnostics and interventions.
- ❖ To identify staff members, including their job title, and to speak with a staff member’s supervisor if requested.
- ❖ To be notified of any financial benefit due to a referral of your services to an alternate provider.
- ❖ To be fully informed of your responsibilities.

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PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

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Patient Responsibilities

- ❖ To submit and update accurate and complete information including, contact information, insurance information, your past and present medical history, requested clinical information and any forms that are necessary to facilitate your care, to the extent allowable by law.
- ❖ To participate in the development and updating of your plan of care.
- ❖ To communicate whether you clearly comprehend course of treatment and plan of care.
- ❖ To be responsible for adherence to your prescribed service/product or care plan.
- ❖ To be responsible for payment of all co-pays and deductibles.
- ❖ To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- ❖ To respect the rights of Pharmacy personnel.
- ❖ To notify your Provider and the Pharmacy with any potential side effects and/or complications.
- ❖ To notify your Provider of participation in our Specialty Pharmacy Patient Management Program, as applicable.



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.

The Golub Corporation, Market 32, Price Chopper and HouseCalls (“Price Chopper”) is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and share PHI to carry out treatment, payment or health care operations and for other reasons that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Price Chopper is required to follow the terms of this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.



YOUR HEALTH INFORMATION RIGHTS



You have the following rights with respect to PHI about you:

Get a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To get a paper copy, you may pick one up at any Price Chopper Pharmacy location, access our web-site at pricechopper.com or contact Price Chopper’s Privacy Officer.

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that make up a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on it. Once the Privacy Officer receives your written revocation, it will be effective for future uses and disclosures. Any other use or disclosure of your PHI not described in this Notice will be made only with authorization from you.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Price Chopper’s Privacy Officer at the address listed within this welcome packet. We will consider, but are not required to agree to, your restriction request. For example, you may request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket.

Inspect and get a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as Price Chopper maintains the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must submit a “Request for Access to Patient Information” form to a Price Chopper Pharmacy location. We may charge you a fee after the 1st initial copy for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited situations. If you are denied access

to PHI about you, you may request that the denial be reviewed.

Request a change of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we change it. You may request a change for as long as we maintain the PHI. To request a change, you must submit a “Request for Change” form to a Price Chopper Pharmacy location. You must include a reason that supports your request. In certain cases, we may deny your request for change. If we deny your request for change, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a “Request for Access to Patient Information” form to Price Chopper’s Privacy Officer. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a “Request for Access to Patient Information” form to a Price Chopper Pharmacy location. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Breach notification: You have the right to be notified in the event we discover a breach in your unsecured PHI.



EXAMPLES OF HOW WE MAY USE AND SHARE PHI



The following are descriptions and examples of ways we use and disclose PHI: We will use PHI for treatment. Example: Information obtained by the Pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

We will use PHI for payment. Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for health care operations. Example: The Pharmacy may use information in your health record to monitor the performance of the Pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. Some prescriptions may be filled by a central fill pharmacy or specialty services pharmacy owned by The Company and returned to your local pharmacy for your pick-up. The central fill pharmacy and specialty services pharmacy are located at a different location than your local pharmacy. Price Chopper utilizes a secure shared database which allows shared services between our Pharmacies with this notice. Customers may opt out of these shared services by requesting local pharmacy services only at their local Price Chopper.

We will use PHI for health-related communications. Example: The Company’s pharmacies provide a special customer care service to its customers. Under this program, we may contact you, consistent with applicable law, to provide refill reminders or information about treatment alternatives (including the availability of clinical trials) or other health-related benefits and services. If you do not wish to participate in this special care service, you may notify us of this fact at any time in writing, by telephone or in person at one of our stores.

We are likely to use or disclose PHI for the following purposes:

Business associates: We work with business associates who perform various functions on our behalf or provide certain types of services for us. To perform these functions or to provide the services, the business associate will receive, maintain, use or disclose information, but only after the business associate agrees to safeguard appropriately your information as required by law. For example, we may disclose your information to a business associate to administer claims or to bill you or your third-party payor for services rendered.

Communication with individuals involved in your care or payment for your care: Health professionals such as Pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person’s involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Workers’ compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker’s compensation or similar programs established by law.

State and Federal Regulatory Agencies: We may disclose PHI to federal, state or local authorities. For example, your PHI may be part of a routine audit procedure. As required by law: We must disclose PHI about you when required to do so by law.

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EXAMPLES OF HOW WE MAY USE AND SHARE PHI

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Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process.

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EXAMPLES OF HOW WE MAY USE AND SHARE PHI

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We are permitted to use or disclose PHI about you for the following purposes:

Research: We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Also, we may disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose PHI about you in a disaster relief to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, your status, and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others: We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

OTHER USES AND DISCLOSURES OF PHI



Price Chopper will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time by submitting a request to Price Chopper’s Privacy Officer. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

HIPAA Privacy Rules preempted by State Laws: Under federal law, we must not disclose your PHI if it would violate a more stringent standard in your state. The following is a summary of the applicable state requirements:

**CONNECTICUT
Disclosure**

We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons:

- (a) the prescribing practitioner or a Pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate;
- (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital;
- (c) third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims;
- (d) any governmental agency with statutory authority to review or obtain such information;
- (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and
- (f) any individual, corporation, partnership or other legal entity which has a written agreement with the pharmacy to access the pharmacy’s database provided the information accessed is limited to data which does not identify specific individuals.

**MASSACHUSETTS
Medicaid**

For Medicaid recipients: We will restrict disclosure of your information to purposes directly connected with the administration of the Medicaid program.

**NEW HAMPSHIRE
Disclosure**

We will only disclose your professional records if:
(a) we have obtained your permission to do so;

- (b) it is an emergency situation and it is in your best interest for us to disclose the information; or (c) the law requires us to disclose the information.

**NEW YORK
Common Electronic File/Database**

Market 32, Price Chopper and HouseCalls Pharmacies share a common database of disbursing information to better serve our customers. Should you wish to restrict your PHI to only one store location, please inform your Pharmacist or contact the Price Chopper Privacy Officer.

**PENNSYLVANIA
HIV/AIDS**

We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

**VERMONT
Follows federal law.**

For More Information or to Report a Problem

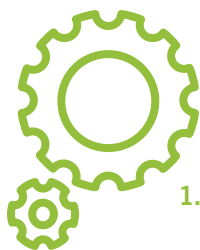
If you have questions or would like additional information about Price Chopper’s privacy practices, you may contact the Privacy Officer at 461 Nott Street, Schenectady, NY 12308 or at (518) 379-1421. If you believe your privacy rights have been violated, you can file a complaint by submitting a “Complaint” form to a Price Chopper Pharmacy location or sending it to Price Chopper’s Privacy Officer or filing it with the Secretary of Health and Human Services. All complaints must be in writing. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of September 23, 2013.
Reviewed and Revised October 2018



MEDICARE 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.

(Continued on next page)

MEDICARE SUPPLIER STANDARDS

(Continued from previous page)

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.

Medicare DMEPOS Supplier Standards

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by The Golub Corporation are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.



NOTICE OF NON-DISCRIMINATION



Price Chopper Pharmacy complies with applicable Federal civil rights laws and does not discriminate or exclude people based on the basis of race, color, national origin, age, disability, or sex.

Market 32 and Price Chopper Pharmacy

Provides free aides and services to people with disabilities to communicate effectively with us, such as:

- > Prescription information in other formats (large font and accessible electronic formats, and in some cases video with closed captioning).

Provides free language services to people whose primary language is not English such as:

- > Qualified interpreters via phone translation
- > Prescription information written in other languages

If you need these services, please notify a member of our Pharmacy Team.

If you feel that Price Chopper Pharmacy failed to provide these services at your request or discriminated in any other way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Pharmacy Compliance Officer, 461 Nott St., Schenectady, NY 12308, (518) 379-1618, HeatherKing@PriceChopper.com. You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail/phone at:

U.S. Department Of Health and Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

HAND-WASHING INSTRUCTIONS



Infections can cause serious complications to your treatment. The best way to reduce your risk for an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

Follow the five steps below to wash your hands the right way 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. Be sure to 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.

If no water supply is available, use an alcohol-based antibacterial hand cleanser such as Purell®.

SAFE MEDICATION DISPOSAL



Your medicine is for you. What’s safe for you might be harmful for someone else. You can dispose of your expired, unwanted, or unused medicines through a drug take back program — or you can do it at home.

Drug Take Back Programs

The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take Back Day in communities nationwide. Many communities also have their own drug take back programs. Check with your local law enforcement officials to find a location near you or with the DEA to find a DEA-authorized collector in your community.

How to Dispose of Medicines at Home

When a take-back option is not readily available, there are two ways to dispose of prescription and over-the counter (OTC) medicine, depending on the drug.

Flushing medicines: Because some medicines could be especially harmful to others, they have specific directions to immediately flush them down the sink or toilet when they are no longer needed, and a take-back option is not readily available.

How will you know?

Check the label or the patient information leaflet with your medicine. Or consult the U.S. Food and Drug Administration’s list of medicines recommended for disposal by flushing when a take-back option is not readily available.

The list can be found here:

https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm#Medicines_recommended

Disposing medicines in household trash: Almost all medicines, except those on the FDA flush list (see below), can be thrown into your household trash. These include prescription and over-the-counter (OTC) drugs in pills, liquids, drops, patches, creams, and inhalers.

Follow these steps:

1. Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go

through the trash looking for drugs.

2. Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out.
3. Throw the container in the garbage.
4. Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.

If you have a question about your medicine, ask your health care provider or Pharmacist.

Disposing of Inhaler Products

One environmental concern involves inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Read handling instructions on the labeling of inhalers and aerosol products. These products could be dangerous if punctured or thrown into a fire or incinerator. To properly dispose of these products and follow local regulations and laws, contact your trash and recycling facility.

Flushing Drugs and the Water Supply

Some people wonder if it’s okay to flush certain medicines when a take-back option is not readily available. There are concerns about the small levels of drugs that may be found in surface water, such as rivers and lakes, and in drinking water supplies.

The FDA and the U.S. Environmental Protection Agency take the concerns of flushing certain medicines in the environment seriously. Still, there has been no sign of environmental effects caused by flushing recommended drugs. In fact, the FDA published a paper to assess this concern, finding negligible risk of environmental effects caused by flushing recommended drugs.

For more information on what to do when you no longer need your medicines, visit <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>.





The Golub Corporation
Specialty Pharmacy Attestation Acknowledgment Form

Patient Name (Printed)	DOB
Emergency Contact Name	Emergency Contact Phone Number

Consent to Services: I understand that I have my choice of pharmacy provider. I agree to the provision of services by The Golub Corporation. These services may include dispensing, management, and education of my medications/services as ordered by my medical care provider. I understand that my care is directed by my medical care provider who is neither an employee nor agent of The Golub Corporation.

Assignment of Benefits: I certify that information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare/Medicaid or other private insurance benefits be made on my behalf to The Golub Corporation. I authorize The Golub Corporation to bill my insurance carrier directly for services provided on my behalf. I authorize payment for any services provided to me by The Golub Corporation to be paid directly to The Golub Corporation.

Patient Bill of Rights and Responsibilities: I verify that I have received information regarding the Patient Bill of Rights and Responsibilities, including being directed to the posting location within the Pharmacy Department, if applicable, and the ability to access a copy at: <https://www.pricechopper.com/pharmacy/specialty-pharmacy/patients/bill-of-rights-2/>.

Notice of Privacy Practices: I verify that I have received information regarding the Notice of Privacy Practices and Release of Information, including being offered a printed copy, directed to the posting location within the Pharmacy Department, and/or the ability to access a copy at <https://www.pricechopper.com/pharmacy/privacy-practices/>.

Medicare Supplier Standards: I verify that I have received information regarding the Medicare Supplier Standards, including being directed to the posting location within the Pharmacy Department, if applicable, and the ability to access a copy at: <https://www.pricechopper.com/pharmacy/specialty-pharmacy/patients/medicare-supplier-standards/>

Complaints/Grievances: I understand that I may submit a complaint/grievance at any time regarding services provided by The Golub Corporation by contacting a local pharmacy location providing the service (contact information located on product label), by contacting Price Chopper Specialty Pharmacy directly at (844) 431-7277, or by calling Consumer Services at (800) 666-7667. If The Golub Corporation cannot help solve your concern(s), then you may contact our accreditation partner ACHC at (855) 937-2242.

Product Training: I verify that I have been offered education and training to include complete instructions on the use, care and maintenance of the product/service provided.

General Question/Concerns: I understand that I may contact the local pharmacy or Price Chopper Specialty Pharmacy at any time utilizing the contact information provided on the product label received or by calling (844) 431-7277.

Satisfaction Survey: I have been offered the opportunity to complete a Patient Satisfaction Survey about my experience with The Golub Corporation by visiting <https://www.surveymonkey.com/r/PCPharmacy>.

By signing below, I certify that I have read and accepted the terms of service described above. I certify that I am the patient or that I am duly authorized by the patient as the patient’s agent to accept and sign this and consent on the patient’s behalf.

Signature	Date
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