



PATIENT WELCOME HANDBOOK



400 State Street
Perth Amboy, NJ 08861

Phone: 732-442-4478
Toll Free: 1-877-655-5143

TABLE OF CONTENTS

Cover page	1
Table of contents	2
Introduction	3
Contact Information	4
Patient FAQ's	5
Patient Intake form	6
Patient bill of rights	7
NOTICE of Privacy Practice	8-10
Returned Goods Policy	11
Grievance & Complaints	12
Patient Safety	13
General Home Safety	14
Patient Satisfaction Survey	15





INTRODUCTION

We would like to take this opportunity to thank you for choosing Cedeno's Pharmacy for all of your specialty pharmaceutical needs. Our team of dedicated professionals is committed to providing support and comfort throughout your health journey. Because our overall goal is better therapeutic outcomes, our pharmacists dedicate themselves to creating an expedited and hassle free care journey for each patient.

For your convenience we offer an array of services to help you better manage your health. Our services are designed to help you stay healthy. They encompass automated and personalized refill calls to help you manage and process your refills, dosage reminders to ensure that you are taking your medications as prescribed and expedited deliveries available 6 days a week so that you are receiving your medications as quickly as possible.

Our continuum of care is constantly evolving to meet the needs of our patients. We take pride in saying that at Cedeno's Pharmacy our patients always come first.



CONTACT INFORMATION

Because we recognize the importance of communication, our team of dedicated and highly trained professionals is available to answer any questions you may have.

Please do not hesitate to call us!

We can be reached at one of the following numbers

Pharmacy Address:

Cedeno's Pharmacy

400 State St.

Perth Amboy, NJ 08861

Pharmacy Phone Number:

732-442-4478

877-655-5143 (Toll Free)

Fax Number:

732-442-3376

Email:

cedenospa@hotmail.com

www.cedenospharmacy.com



1. What types of financial assistance programs are available for my specialty prescription(s)?

- Eligible patients can utilize manufacturer/copay/discount programs or patient assistance programs to lower their out of pocket costs for their specialty prescriptions.

2. What is a manufacturer program?

- This type of program offers financial assistance through the drug manufacturer as a secondary form of payment to offset the patient's copay/out of pocket costs.
- Most brand name drugs are found to be covered on these programs.
- This program cannot be used for prescriptions covered by Medicare, Medicaid, or any federal/state funded program.
- Manufacturers use these programs for marketing to participating patients.

3. What are patient assistance programs?

- This type of program offers financial assistance, typically through Foundations/Organizations, for uninsured, underinsured patients, and government funded patients.
- These programs have select qualifying criteria, as stated below:
 - *Income • Dependencies • Cover select medications • Funds are limited • Patients must apply yearly for funds • Must stay compliant in taking their medications to continue receiving funding.*

4. What is the process for obtaining financial assistance for my specialty prescription(s)?

- Patients can call 732-442-4478 to speak with a specialist to obtain information for financial assistance specific to your prescription.
- You will be asked questions to determine eligibility.
- If eligible, you will be enrolled by the specialist or provided a website/phone number to enroll.
- You will be contacted when you are approved for financial assistance and will be provided any additional information needed to receive the discount.

5. I have Medicare/Medicaid. Am I eligible for any financial assistance?

- Medicare/Medicaid patients are not eligible for manufacturer discount programs.
- Medicare/ Medicaid patients are eligible for some discounts depending on the medication being filled





PATIENT INTAKE FORM

Patients Information

Patient Name: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female Height: _____ Weight: _____

Social Security # _____ Known Allergies: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Address : _____

City: _____ State: _____ Zip: _____

Mobile Phone No.: _____ Email: _____

Home Phone No.: _____ Alternate Phone No. _____

Primary Language: ☐ English ☐ Spanish ☐ Other. _____

Insurance Information

Insurance Name: _____ Insurance Phone No. _____

Insurance ID #: _____ Insurance Group #: _____

Employer _____ Patient is eligible for Medicare? ☐

Primary Prescribers Information

Prescriber Name _____ Key Contact Person _____

Address _____

City. _____ State _____ ZIP _____

Phone # _____ Fax # _____

Email. _____ NPI # _____

Communication from Pharmacy

Would you like to receive text message and email notification about your medication? ☐ YES ☐ NO

If yes, Mobile Phone No. _____ Email: _____

Do we have permission to mail or deliver your medication up on request? ☐ YES ☐ NO

Would you like to receive your medication with easy open (Non Safety) cap? ☐ YES ☐ NO

- I acknowledge receipt of Cedenos Pharmacy's Notice of Privacy Practices.

Sign. _____ Date. _____

CUSTOMER'S BILL OF RIGHTS AND RESPONSIBILITIES

As a client of Cedeno's Pharmacy, you have the right to:

- Be fully informed in advance about service/care to be provided, as well as any modifications to the care/service plan.
- Participate in the development and periodic revision of the plan of care/service.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which you will be responsible.
- Voice grievances or complaints regarding treatment or care, or recommended changes in policy, staff, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Choose a healthcare provider.
- Have grievances or complaints regarding treatment or care that is (or fails to be) furnished investigated.
- Expect confidentiality and privacy of all information related to your care, as required by law.
- Be advised on Cedeno's Pharmacy's Notice of Privacy Practices regarding the disclosure of clinical records.
- Receive appropriate care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of your responsibilities.
- Receive information about the scope of services that Cedeno's Pharmacy will provide and specific limitations on those services.
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement, as applicable to the service provided. Be able to identify the staff member with whom you communicate and their job title, and have the right to speak with a pharmacist or supervisor of the staff member if requested.
- To know about philosophy and characteristics of the patient management program.
- To have personal health information shared with the patient management program only in accordance with state and federal law.
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
- The right to speak with a healthcare professional, such as a pharmacist.
- To receive information about the patient management program.
- To receive administrative information regarding changes in or termination of the patient management program.
- To decline participation, revoke consent or become unenrolled at any point in time.

As a client of Cedeno's Pharmacy, you have the responsibility to:

- Remain under a doctor's care while receiving services.
- Provide the pharmacy with a complete and accurate health history.
- Notify the pharmacy of any changes in insurance coverage.
- Provide all requested insurance and financial records.
- Sign the required agreements and releases for service and insurance billing.
- Participate in your care plan by asking questions and following instructions.
- Accept the consequences for any refusal of treatment or choice of noncompliance.
- Provide a safe home environment in which your care can be given.
- Cooperate with your doctor and other caregivers.
- Assume responsibility for damaged, lost, or unreturned home medical equipment once in your possession.
- Notify the pharmacy of any problems or dissatisfaction with care.
- To submit any forms that is necessary to participate in the program, to the extent required by law.
- To give accurate clinical and contact information and to notify the Connected Care patient management program of changes in this information
- To notify their treating provider of their participation in the Connected Care patient management program, if applicable.



NOTICE OF PRIVACY PRACTICES

Uses and Disclosures:

The following categories describe examples of the way we may use and disclose your PHI without your written authorization.

Treatment:

We may use and disclose your PHI to provide you with medical treatment or services. For example, we may use your PHI during the preparation of your order. Your physician may be contacted in order for us to clarify or discuss treatment, as well as ask for refills and changes to your order, per your request.

Payment:

We may use and disclose your PHI to obtain payment for the services we provide to you. For example, your third party payer may be contacted to determine coverage or eligibility, to discuss payment or reimbursement, or to gather additional information in an attempt to submit claims.

Health Care Operations:

We may use and disclose PHI about you in the course of running our pharmacy business. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, or to assess how we are doing compared to other health care providers and to see where we can make improvements. We may also disclose your PHI to third party "business associates" that perform services on our behalf, such as billing and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your PHI.

Persons Involved in Your Care or Payment for Your Care:

We may disclose PHI about you to a relative, a friend, or any other person you identify who is involved in your care or who helps pay for your care. For example, if a family member or caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. To ensure seamless service, please request a HIPAA Authorization form from Cedeno's Pharmacy, or download one on Cedeno's Pharmacy's website at the address listed below the section of this Notice titled "Uses and Disclosures Where Your Authorization Is Required."

Required by Law:

We may disclose your PHI when required by law to do so.

Public Health Reporting:

We may disclose your PHI to public health agencies as authorized by law. For example, we may share your PHI with the U.S. Food and Drug Administration about medicines you are taking.

Reporting Victims of Abuse or Neglect:

We may disclose your PHI to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. Cedeno's Pharmacy will only make this disclosure if you agree, or when required or authorized by law to do so.

Health Care Oversight:

We may disclose your PHI to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure, and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

Legal Proceedings:

We may disclose your PHI pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement:

We may disclose your PHI to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Deceased Persons:

We may disclose your PHI to coroners, medical examiners, or funeral directors so that they can carry out their duties. We may also share your PHI with friends or family who helped take care of you right before you died. Your PHI may be shared for other reasons after you have been dead for fifty years.

Research:

Under certain circumstances, we may disclose your PHI to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your PHI without your authorization.



To Avoid a Serious Threat to Health or Safety:

If there is a serious threat to your health and safety or the health and safety of the public or another person, High Touch Pharmacy may use and disclose your PHI in a very limited manner to someone able to help prevent the threat.

Specialized Government Functions:

In certain circumstances, HIPAA authorizes us to use or disclose your PHI to authorized federal officials for the conduct of national security activities and other specialized government functions.

Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Workers' Compensation:

We may disclose your PHI as necessary to comply with laws related to workers' compensation or other similar programs.

Please be aware that some state and federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your PHI. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your written permission as required by such laws. We may also be required by law to obtain your written authorization to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

Use and Disclosures where your authorization is required:

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

Marketing: We will not use or disclosure your PHI for marketing purposes without your written authorization except as permitted by law.

Sale of Your PHI: We do not usually sell our patients' PHI, either during or after treatment with us. If we do consider the sale of PHI in the future, we will not sell your health information without your written authorization except as otherwise permitted by law.

You can request a HIPAA Authorization form from us, or download from our website.

You may revoke this authorization at any time by notifying us in writing at Cedeno's Pharmacy Specialty Pharmacy, Attention:

Privacy Officer, 400 State St. Perth Amboy, NS 08861. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization.

Individual Rights:

This section describes your rights regarding the PHI we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted in writing to Cedeno's Pharmacy Specialty Pharmacy, Attention: Privacy Officer, 400 State St. Perth Amboy, NJ 08861.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI. We have up to 30 days to make your PHI available to you unless we notify you in writing that an additional 30 days is necessary to respond to the request and the reasons for the delay. We may charge you a cost-based fee for the labor, supplies, and postage required to meet your request. You may request access to your PHI in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request that we amend or correct your PHI that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your PHI, you must make your request in writing



and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

Right to Request Confidential Communications. You have the right to request that we communicate your PHI to you in a certain manner or at a certain location.

Right to Request Restrictions. You have the right to request restrictions on how your PHI is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction unless that restriction is regarding disclosure of PHI to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to an Accounting of Disclosures. You have the right to request a list of all disclosures of your PHI that we have made to others. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to Breach Notification. You have the right to be notified upon a breach of any of your unsecured Protected Health Information, and a notice will be mailed to you if this should occur.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the receptionist at any Cedenos Pharmacy site and is also available at our website at cedenospharmacy.com.

Legal Duties:

We have a legal duty to protect the privacy of your information, to provide and make available our Notice of Privacy Practices and legal duties, including updates and revisions to the Notice, and to abide by the terms of this Notice currently in effect. This Notice may be updated and revised over time. We reserve the right to make the new Notice provisions effective for all PHI we currently

maintain, as well as any PHI we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date and revision date listed on the first page. If we change this Notice, you can access the revised Notice on our website at cedenospharmacy.com or from the pharmacy location.

Complaints:

You have the right to file a complaint if you believe that your privacy rights have been violated or if you disagree with a decision that has been made with regard to your records. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to **Cedeno's Pharmacy, Attn: Privacy Officer, 400 State St. Perth Amboy, NJ 08861**. You may also contact your state's Board of Pharmacy. Finally, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. In accordance with 45 C.F.R. section 160.306, your complaint must be filed in writing within 180 days of the violation, unless good cause is found to waive this time limit. The complaint must list the name of the entity thought to be in violation and describe the acts or omissions believed to be in violation of the applicable standards, requirements, or specifications. [Cedeno's pharmacy will not retaliate against any person who files a complaint.](#)

Contact Information:

To submit requests for records, to correct or add information or restrictions to your record, or to receive more details about HIPAA and Cedeno's Pharmacy's privacy practices, please visit our web site. You may also contact our Privacy Officer by telephone at or by mail at: **Cedeno's Pharmacy, 732-442-4478** [Cedeno's Pharmacy Attn: Privacy Officer, 400 State St. Perth Amboy, NJ 08861](#).





We will ensure that you have the appropriate amount of medications and supplies in accordance with your physician's orders. The Board of Pharmacy prohibits the return or resale of medications that have been previously dispensed.

Product that has been opened (even if it is taped shut after opening), used or expired cannot be accepted as a return. We are required to dispose of opened and/or used returned products. If we receive this type of product, we will notify you and you can have it returned to you at your expense. If your medication or supplies are defective or have error in transaction, contact our pharmacy and a patient care advocate will arrange a return and reship of medication.

Any non-prescription and non-drug items can be return to pharmacy within 7 days with receipt, if the product is un-opened and in original purchase condition



You may submit a grievance or complaint in regards our services. You may lodge a grievance or complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance or complaint, please call 732-442-4478 and ask to speak with the Pharmacist in Charge. If your complaint is not resolved to your satisfaction within 5 business days, you may initiate a formal grievance in writing and forward it to Cedenos Pharmacy's Governing Body. You can expect a written response within 14 business days of receipt of the grievance or complaint.

Formal grievances in writing should be mailed to:

Cedenos Pharmacy, 400 State St., Perth Amboy, NJ 08861

If you would like to request a customer complaint form please contact the pharmacy via phone email or fax and one will be provided to you. All forms will be reviewed by management and further action will be taken to resolve noted issues.

Safe disposal of medications

The United States Food and Drug Administration (FDA) supports the responsible disposal of unused medications from home. Almost all medications can be safely disposed of by using drug take-back programs or using US Drug Enforcement Agency (DEA) authorized collectors. When these options are not available, patients may also dispose of unneeded medications in their household trash. Do not flush unused medications down the toilet or pour them down a sink or drain. First, mix the medications (do not crush tablets or capsules) with an unappealing substance such as dirt, kitty litter, or used coffee grounds. Then place the mixture in a container, such as a sealable plastic bag, and throw the container away in your household trash. Controlled substances should not be thrown in the trash as they can be especially harmful if taken accidentally by someone other than the patient. Contact your city or county government for more information on local drug take-back programs.

Patients can visit the DEA's website for more information about drug disposal and to locate an authorized collector in their area at: https://www.dea diversion.usdoj.gov/drug_disposal/index.html.

Drug recalls

We carefully follow all medication recalls. In the rare event that a medicine that we dispensed to you is recalled by the manufacturer, we will contact you directly by phone and provide you with instructions to obtain a replacement prescription. You will not be charged for any drug to replace a recalled product.

Emergency Information

If you experience a medical emergency, please call 911 immediately.

If you experience suicidal thoughts, please contact the National Suicide Prevention Lifeline at (800) 273-8255. They offer free and confidential emotional support 24 hours a day, 7 days a week.

If you or a loved one require support for drug abuse or addiction, please contact the National Substance Abuse and Mental Health Services Administration at (800) 662-4357 and they will refer you to local treatment facility, support group, or community-based organization.

If you are experiencing a non-emergent drug reaction please call our specialty pharmacist at 732-442-4478. They are available to address your concerns and report them to your prescriber if necessary.

GENERAL HOME SAFETY:

Each year nearly 21 million family members suffer injuries in the home. Here are some suggestions that could help you prevent an injury within your home. Check every room in your house to make your home is safe from the following:

Falling (The most common injury in homes)

1. Keep the floor clean. Clean up spills right away.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
3. Use a non-slip mat or install adhesive strips in your tub or shower.
4. Tuck away telephone, computer and electrical cords out of walkways.
5. All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Have all walkways well-lit and use night lights as needed.
7. Have a flashlight that works.

Poisoning

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 1-800-222-1222.

Fire and burn prevention

1. Have smoke detectors in every level of your home, and replace batteries at least once per year.
2. Test each smoke detector once a month, if not working check the batteries.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Keep children away from the stove and never leave the stove unattended while cooking.
6. Keep matches and lighters out of the reach of children.

Information on Emergency Preparedness

Fire

1. Remember to GET OUT, STAY OUT and CALL 9-1-1 or your local emergency phone number.
2. Yell "Fire!" several times and go outside right away. If you live in a building with elevators, use the stairs. Leave all your things where they are and save yourself.
3. If closed doors or handles are warm or smoke blocks your primary escape route, use your second way out. Never open doors that are warm to the touch.
4. If you must escape through smoke, get low and go under the

smoke to your exit. Close doors behind you.

5. If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.

6. Once you are outside, go to your meeting place and then send one person to call the fire department. If you cannot get to your meeting place, follow your family emergency communication plan.

Natural disasters (earthquake, hurricane and tornado):

1. In disaster-prone areas, store food and extra bottled water. Have a transistor radio, flashlights and extra batteries.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Evacuate area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have.

Power Outage

1. Notify your gas and electric companies if there is a loss of power. Report any special needs for a back-up generator to the electric and gas companies.
2. Have a transistor radio, flashlights, batteries and/or candles available. (If on oxygen, turn it off before lighting candles).
3. To prevent carbon monoxide poisoning, use generators, pressure washers, grills, and similar items outdoors only.
4. If the power is out longer than two hours, throw away food that has a temperature higher than 40°F.
5. Check with local authorities to make sure your water is safe.
6. In hot weather, stay cool by drinking plenty of fluids to prevent heat-related illness.
7. In cold weather, wear layers of clothing which help to keep in body heat.
8. Avoid downed power lines, if a power line falls on your car, you should stay inside the vehicle.

Flood

1. In flood-prone areas, store extra food and extra bottled water.
2. Have a transistor radio, flashlights and batteries available. Get a pipe wrench to shut off valves for gas and water. Report any special needs for a back-up generator to the electric and gas companies.
3. Unplug your infusion pump unless the IV pole is touching water.
4. Evacuate the area.
5. Contact the local law enforcement, civil defense and/or emergency preparedness.

For more information, please visit the Centers for Disease Control and Prevention and American Red Cross websites.

PATIENT SATISFACTION SURVEY

Please rate how satisfied you are with the following:

	Extremely Satisfied	Satisfied	Not Sure	Unsatisfied	Very Unsatisfied	Does Not Apply
The ease of filling your prescription with us						
The timeliness of filling/ receiving your prescription						
The pharmacist assistance you received concerning your prescription(s).						
The accuracy of your prescription order.						
The courtesy, care, and concern shown by the specialty pharmacy staff.						
The assistance you received from the billing and insurance specialists.						
That your phone call was answered promptly during normal business hours						
The patient education we provided regarding your prescription						
The delivery of your medication, if applicable						
Your overall experience with the Pharmacy						

Comments:



CEDENO'S
PHARMACY