



# **BIG COUNTRY**

DERMATOLOGY PHARMACY **X**

## **OUR MISSION**

We make a positive difference in people's lives by providing dermatology patients with affordable solutions through simplifying complex problems.



**WELCOME PACKET**

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## Welcome Letter

On behalf of Big Country Dermatology Pharmacy, we want to welcome you! We are excited about the opportunity to provide service for you with your dermatology prescriptions. Our core purpose, as a team taking care of patients, is to make a positive difference in peoples lives.

Big Country Dermatology Pharmacy will work with you, your physician, and your insurance company to ensure the best possible outcome for you. Patients on dermatology medications often require more from their pharmacy than simply filling the prescription, and we are trained to meet those needs and provide these services. We take pride in our ability to provide you with clinical and payment information regarding your dermatology medication.

As a patient of Big Country Dermatology Pharmacy, our staff is always available to answer your questions. We want the process of using dermatology medications to be as easy as possible for you.

This booklet is designed to inform you of various policies and procedures of Big Country Dermatology Pharmacy, as well as a copy of patient rights and responsibilities and our contact information. We look forward to the opportunity to get to know you.

Cheerfully,

Your **Big Country Dermatology Pharmacy** Team

## Address of Operations

### TENNESSEE

1229 Reserve Blvd. | Ste. 100-A  
Spring Hill, TN 37174

Pharmacy: (931) 487-1700  
Fax: (931) 487-1720

tennessee@bigcountrypharmacy.com

### TEXAS

17 Windmill Circle | Ste. B  
Abilene, TX 79606

Pharmacy: (325) 704-5222  
Fax: (325) 777-4819

texas@bigcountrypharmacy.com

**AFTER HOURS PHARMACIST LINE: 325-704-5222**

## Address of Operations

Monday through Friday, 9 a.m. to 6 p.m. (Central Time)

Saturday – 9 a.m. to 12 p.m. (Central Time)

Sunday – **Closed**

A licensed pharmacist is available 24/7

- If you have a need between 6pm and 10pm leave a message on our phone system after selecting the prompt “speak to a pharmacist as soon as possible” and a pharmacist will call you back within 2 hours
- If you have a need between 10pm and 6am leave a message on our phone system after selecting the prompt “speak to a pharmacist as soon as possible and a pharmacist will call you back within 4 hours

If you are having any kind of life threatening emergency, hang up the phone and call 911.

## Holiday Closings

New Year’s Day (January 1)

Good Friday (Friday before Easter Sunday)

Memorial Day (Last Monday in May)

Independence Day (July 4)

Labor Day (First Monday in September)

Thanksgiving Day (Fourth Thursday in November)

Friday following Thanksgiving **9 am – 2 pm**

Christmas Eve (December 24) **9 am – 2 pm**

Christmas Day (December 25)

New Year’s Eve (December 31) **9 am – 2 pm**

## Emergency Disaster Information

If a disaster occurs in your area, please contact us at 1-325-704-5222 to discuss delivery options for your medication. We will work to ensure your therapy is not interrupted. Please update us once you have been able to return to your residence.

## Patient Management Program

At Big Country Dermatology pharmacy, personalized care is a top priority. We understand that dealing with your medical conditions can be complicated, which is why we do more than just fill prescriptions. We provide customized education and support to help each patient manage individual healthcare needs.

## Benefits to Patients

- We work with your physician to monitor your medications and assist in your care plan
- We work with you one-on-one to ensure you can take your medication as prescribed by your physician. We will educate you concerning your medication, the importance of medication compliance, possible interactions, and explain potential side effects and results of a change in treatment.
- Education concerning your diagnosis and how to manage it
- Contact you once a month when refills are due, so your medication is ready when you need it.
- Fill ALL of your dermatology prescription medications, consolidating them for convenient free delivery.
- Work with your insurance company to sort out prior authorization and billing issues so you do not have to.
- Help to reduce cost with the use of Manufacturer coupons when available by applying the discounts automatically for the you.
- Working together will allow us to make sure you receive the communication you need to comply with your therapy and achieve the best possible outcomes from your therapy.

*\*As a patient, you have the option to opt out of this Patient Management Program at any time by asking us to do so.*

# Frequently Used Insurance Terms

All prescription insurance companies have different kinds of plans. To help you understand your benefits, here are some common terms and their meanings:

## **REFILL-TOO-SOON**

You are trying to refill a prescription sooner than your insurance company approves. Most insurance companies allow you to refill a prescription once a certain amount of your medication is used. This is based off the anticipated amount of days your supply should last. If your dose has increased or you are going on vacation, please contact the pharmacy immediately at (325)-704-5222.

## **QUANTITY LIMITS**

Your provider has written for a certain amount of medication, but it is more than your insurance will cover. This can be limited to tablets per day or by how many months of medication you can receive at a time. Pharmacy staff will explain this and work with you to answer any questions or concerns.

## **STEP THERAPY**

Your insurance plan wants you to try other less expensive medicines, or “steps”, before they will pay for the prescribed medication.

## **PRIOR AUTHORIZATION**

The medication being prescribed is not covered by your plan without supporting information such as medications tried and failed. Big Country Dermatology Pharmacy will work with your provider’s office to get this authorization, and we will keep you updated throughout the process.

## **COPAYMENT**

Depending on your insurance plan it is either a fixed or variable payment for a covered service made each time you receive this service. An example of such a service is filling a prescription.

## **NEW PRESCRIPTIONS**

To qualify for our program, you need to have a prescription for a medication. This prescription may be given to us by your provider, through a transfer from an outside pharmacy or, you can bring in a paper prescription. After we get your prescription, we will work with your insurance company to determine the timeline for processing (managing prior authorizations, step therapy, etc.), co-pays and any out-of-pocket expenses. We will contact you to discuss insurance requirements, shipping options, prescription costs, provide drug information, and answer any questions you may have.

## **SUBSTITUTIONS/EQUIVALENTS**

Unless otherwise indicated, all prescriptions will be filled with an FDA-approved generic when available. Texas law permits pharmacists to substitute a less expensive generically equivalent drug from a Brand name drug unless you or your physician direct otherwise.

From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made a team member of the pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. If a prescribed medication is not available

from Big Country Pharmacy, our Pharmacist may contact the prescriber to discuss alternatives or assist you in getting your medication from another pharmacy.

### **SHIPPING INFORMATION**

Your refrigerated medications will be shipped at no charge via FedEx Ground. All non-refrigerated medications are shipped via USPS or FedEx. Tracking numbers are available upon request.

Should there be a delay in filling of your prescription, we will notify you to try and prevent interruptions in therapy. If our pharmacy is unable to provide your medication, we will help you get your medication from another pharmacy.

If your order is delayed due to events such as weather, poor drug availability or insurance coverage changes, we will contact you to ensure that you have no interruptions in therapy.

If you have any questions regarding the status of a prescription, are concerned because you have not received your medication when you expected it, or want to check on a refill, you can call us at 325-704-5222, email us at [help@clarxpharmacy.com](mailto:help@clarxpharmacy.com), or text us at (325)-704-5222.

### **RETURNED GOODS POLICY**

Texas State Board of Pharmacy regulations forbid the resale or reuse of a prescription item that was previously dispensed. As a result, we cannot take back any medication once it leaves the pharmacy, and no credit can be issued for any unused or excess product. We will arrange a return and reship of medication if your drug or supplies are defective.

Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible. Please contact us at (325) 704-5222 within one business day to report missing or damaged contents.

### **REFILLS**

Our team members will contact you monthly to schedule refills. Should you have a therapy change or need an early refill, please contact the pharmacy at (325) 704-5222 and ask to speak to a Big Country Dermatology Pharmacy team member. Prescription refills called in before 2 p.m. will be process on the same day for delivery.

### **LIMITATIONS**

We will need your help so that we can assist you. You must be willing to actively participate in our program for access to the health care benefits provided by our pharmacy team. This includes responding to our outreach calls and providing updates about your health. You need to be willing to take your medication on time and as instructed for it to work properly. Consultations with a pharmacist do not replace appointments with your provider.

**EDUCATION**

It is important to understand your medical condition and the medication used to treat it. We provide the following educational resources:

- Pharmacists are available to answer your questions in person Monday through Friday, 9:00 am to 6:00 pm
- 24/7 pharmacist for emergent needs, available by calling 325-704-5222.

**CONCERNS OR COMPLAINTS**

If you have questions about side effects, how to take your medication, or foods or other medications you should avoid, suspect there is an error in your prescription, are experiencing a delay in receiving your medication, or have any other concern, please contact us at 325-704-5222.

If you have a concern about the quality of our service, you can call us at the number above or complete a Complaint Form (included in this package) and send it to us at:

Complaints  
Big Country Dermatology Pharmacy  
17 Windmill Circle Suite B Abilene, Texas 79606  
Fax: (325)-777-4819  
Email: [help@clarxpharmacy.com](mailto:help@clarxpharmacy.com)

**PRESCRIPTION TRANSFERS**

If you need to transfer your prescription to another pharmacy because your coverage has changed, you are moving out of our service area, or for any other reason, you can call us at (325)-704-5222 and a Pharmacist will assist you.



# 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 pharmacist at (325)-704-5222. They are available 24/7 to address your concerns and report them to your prescriber if necessary.

## **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**.

If you are experiencing an adverse drug reaction, defined as an occurrence that is inconsistent with or contrary to the expected outcomes of the medication, please call our pharmacist at (325) 704-5222. The pharmacist will document your reaction with the FDA via MedWatch.

## **EMERGENCY OR NATURAL DISASTER**

In the event of a natural disaster or other emergency that might require you to leave your home, take at least one week's worth of medication with you and inform the pharmacy of your location and contact information. Should a natural disaster impact shipping to your area (i.e., a blizzard, ice storm, hurricane), the pharmacy will contact you to ship medication early or will order your medication locally to avoid disruptions in therapy. If you think you will be impacted by a natural disaster, contact the pharmacy at (325)-704-5222 to discuss your prescription needs.

## **DRUG RECALL**

In the event of a drug recall you will receive a call from a pharmacist to discuss a quick and safe resolution.

# PROPER DISPOSAL OF UNUSED MEDICATIONS

For instructions on how to properly dispose of unused medications please contact the Pharmacy for instructions or go to the below websites for information and instructions

[FDA: Where and How to Dispose of Unused Medicines](#)

or

[Rx Drug Drop Box - Find Location](#)

Call us to help facilitate disposal if needed.



## WHERE AND HOW TO DISPOSE OF UNUSED MEDICINES

### Disposing medicines in household trash:

Almost all medicines 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 (325)-704-5222.

# PATIENT RIGHTS & RESPONSIBILITIES

1. The right to know about the philosophy and characteristics of the patient management program
2. The right to have personal health information shared with the patient management program only in accordance with state and federal law
3. The right to identify the program staff members, including job title, and to speak with a supervisor of the staff member if requested
4. The right to speak to a health care professional
5. The right to receive information about the patient management program
6. The right to receive administrative information regarding changes in or termination of the patient management program
7. The right to decline participation, revoke consent or disenroll at any point in time
8. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
9. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
10. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

If you have questions, concerns, or issues that require assistance, please call (325) 704-5222. Complaints will be forwarded to management and you will receive a response within 5 business days.

# PRIVACY NOTICE REGARDING USE AND DISCLOSURE OF TREATMENT INFORMATION

**THIS PRIVACY NOTICE DESCRIBES HOW YOUR TREATMENT INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS TREATMENT INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE SIGNING ANY DOCUMENTS.**

## 1. Purpose of this Notice:

In general, any information that concerns your treatment, payment for treatment or related operations is considered confidential and is protected as confidential by Big Country Dermatology Pharmacy. This Privacy Notice describes Big Country Dermatology Pharmacy Privacy Practices, specifically-the uses and disclosure the pharmacy may make of your treatment information and what rights you have with respect to your treatment information. Treatment information includes, but is not limited to, your name; address; other personal identifying data; health status; and record of treatment services that have been, are being, and will be provided to you in the future. Big Country Dermatology Pharmacy requires that all programs, employees, staff and any party in a working or business relationship with Big Country Dermatology Pharmacy comply with these Privacy Practices.

## 2. Use and Disclosure of Medical information for Treatment, Payment and Health Care Operations

Laws governing treatment programs and procedures conducted by Big Country Dermatology Pharmacy allow use and disclose of your personal information for the purposes of treatment, payment and health care operations.

Treatment means the provision, coordination or management of health care related, pharmaceuticals, and therapeutic services provided completely or in part by Big Country Dermatology Pharmacy. Big Country Dermatology Pharmacy can share your treatment information and records with another provider involved in your health care for the benefit of your coordinated care. Also, Big Country Dermatology Pharmacy may contact you by phone or other means to remind you of a refill, new prescription needed or address a specific aspect of your care.

Payment refers to reimbursement to Big Country Dermatology Pharmacy by your healthcare insurer for services and medications that may have been provided to you. In order to process payment, your healthcare insurer may require that Big Country Dermatology Pharmacy provide treatment information to confirm your eligibility for services provided, to coordinate benefits with other payers who may be responsible for reimbursement for the services, and as part of the payers claims management procedures which covers billings, collections, appeals, medical necessity review activities, utilization review activities, or for disclosure to consumer reporting agencies.

Health Care Operations covers a range of internal operations performed by Big Country Dermatology Pharmacy or its Business Associates to manage information, data and services on behalf of Big Country Dermatology Pharmacy and the individuals Big Country Dermatology Pharmacy serves. These operations include, but are not limited to, quality assessment and improvement activities including research; peer review; credentialing and licensing; training programs; legal and financial

services; business planning and development; implementing and monitoring Big Country Dermatology Pharmacy's compliance and privacy practices; customer services; internal grievances; and other purposes including research; fundraising, marketing and due diligence activities.

### **3. Consent and Authorization**

Big Country Dermatology Pharmacy must obtain your verbal consent prior to initiating treatment, payment or health care operations on your behalf. You will be required to give your consent before any treatment services begin. This consent will remain in effect until completion of your treatment services with Big Country Dermatology Pharmacy. However, you have the right to revoke your consent, in writing, at any time during the course of treatment services except to the extent that Big Country Dermatology Pharmacy has taken action in reliance on the consent.

A written Authorization is required for the use and disclosure of all or part of your treatment information requested by a third party for purposes other than general treatment, payment or health care operations. The Authorization will be time restricted and contain a prohibition against the use of the information for any purpose other than the purpose stated on the Authorization and against re-release of the information for any purpose.

### **4. The Use and Disclosure of Treatment Information when your Consent or Authorization are not required.**

Under the following circumstances, Big Country Dermatology Pharmacy is permitted by law to use or disclose your treatment information without further Consent or Authorization:

- a. To those caregivers actively engaged in your treatment at Big Country Dermatology Pharmacy or to providers who are actively coordinating with Big Country Dermatology Pharmacy in your care or treatment plan;
- b. To insurers and those third-party payors or co-payers whom you have identified to Big Country Dermatology Pharmacy as being responsible for payment for your treatment services and who require information to verify that services were provided (information to be released hereunder is limited to the staff names, the dates, types and costs of therapies or services, and a short description of the general purpose of each treatment session or service);
- c. To reviewers and inspectors, including the Utilization Review Accreditation Committee or similar agencies and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services;
- d. In response to a Court Order when Production of Documents is properly ordered by law;
- e. In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death (only that specific information minimum and necessary to the relief of the emergency may be released on a non-consensual basis);
- f. To attorneys assigned to represent the subject of a commitment hearing.

Treatment information made available shall be limited to that information which is minimum and necessary to purpose for which the information is sought. Treatment information may not be released to additional parties or entities or used for additional purposes without your consent.

## 5. Authorization for Other Uses and Disclosures of Treatment Information

Big Country Dermatology Pharmacy is prohibited, by law, from using or disclosing your treatment information without a written authorization for any purpose other than those purposes listed above. For purposes other than those listed above, Big Country Dermatology Pharmacy must obtain a signed Authorization and disclose only that treatment information which is minimum and necessary to the specific purpose requested.

An Authorization serves as written permission that specifically identifies the information being sought for use or disclose and clearly states the purpose for which the use or disclosure is being requested. Further, you may revoke your information at any time except: (1) to the extent that treatment information has been used or disclosed in reliance on your Authorization or (2) your Authorization was obtained as a condition of obtaining insurance coverage.

Please note that Big Country Dermatology Pharmacy cannot guarantee that once your treatment information has been released to the third party named in an authorization, that the third party will abide by rules stated in Big Country Dermatology Pharmacy's Privacy Notice.

## 6. Individual Rights with respect to Treatment Information:

An individual of appropriate age and legal capacity, who understands the nature of the treatment information and the purpose for which treatment information may be used or disclosed, shall control access to his or her personal treatment information.

- a. **Access** refers to physical examination of treatment information, but do not include physical possession of the information. A person who has received or is receiving treatment may request access to treatment information including records, but shall be denied such access to all or part of the treatment information if:
  - ii. Upon documentation by the team treatment leader it is determined that granting such access will constitute a substantial detriment to the treatment process; and/or
  - iii. When disclosure of specific treatment information will reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.
  - iv. The limitation on access to treatment information are applicable to parents, guardians, and other who may otherwise have the right to control access over treatment records, except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered.
- b. Restrictions on the use and disclosure of your treatment information for treatment, payment, and operational purposes may be requested by you. Big Country Dermatology Pharmacy shall be bound by all reasonable and appropriate requests for such restrictions which it agrees in writing, except in emergency circumstances. Big Country Dermatology Pharmacy reserves the right to request the withdraw of certain restrictions at any time during your treatment. However, Big Country Dermatology Pharmacy is not bound to accept your requested restrictions if the treatment team does not believe that it reasonable can or should comply with the requested restrictions. Big Country Dermatology Pharmacy reserves the right to its treatment teams to exercise such discretion and give a written refusal in response to your request for restrictions. Please address any written requests for restriction to the Medical Records Department at Big Country Dermatology Pharmacy.



- c. Confidential Communications may be requested by you about Big Country Dermatology Pharmacy communicates information regarding your treatment, health care services, and payment for services, and payment for services. For example, you may request that all communication be directed to your home and not to you at work. Also, as a part of Big Country Dermatology Pharmacy quality improvement practices, Big Country Dermatology Pharmacy may call to remind you about a refill, new prescription needed or follow up by phone after services have been provided to confirm the service and quality of service provided. On such phone calls, Big Country Dermatology Pharmacy may appear on your "Caller ID" service. You may request the Big Country Dermatology Pharmacy call you on a phone which will not identify Big Country Dermatology Pharmacy on your "Caller ID". Such requests for confidential communication must be made in writing. Big Country Dermatology Pharmacy will do its best to reasonable accommodate such requests. Please address any requests for confidential communication to the Big Country Dermatology Pharmacy Compliance Officer.
- d. Complaints alleging inappropriate use or disclosure of your treatment information by Big Country Dermatology Pharmacy employees or agents may be directed to the Big Country Dermatology Pharmacy Manager.

Big Country Dermatology Pharmacy has the non-delegable duty to maintain the privacy of your documented treatment information and to provide you with Notice of its legal obligations and Privacy Practices with respect to your treatment information. Big Country Dermatology Pharmacy must date and comply with the Privacy Notice currently in effect Big Country Dermatology Pharmacy reserves the right to amend and/or update its Privacy Notice from time to time upon change of practices or revisions of laws. If its Privacy Notice is revised, copies of revised and dates Policy Notice shall be posted in the Big Country Dermatology Pharmacy service areas and accessible on the Big Country Dermatology Pharmacy website. Big Country Dermatology Pharmacy reserves the right to implement the changes prior to issuing the revised Privacy Notice.

By my signature or initials below on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I verify that I have received and been given an opportunity to read the claRx Big Country Dermatology Pharmacy Privacy Notice.

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Client Signature or Initials Witness

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Parent or Guardian Signature

# HIPAA RELEASE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Release of Information:**

( ) I authorize the release of information including diagnosis, records, examination rendered to me and claims information. The information may be released to:

( ) Spouse/Partner \_\_\_\_\_

( ) Children \_\_\_\_\_

( ) Other \_\_\_\_\_

( ) DO NOT RELEASE TO ANYONE

This release will remain in effect until terminated by me in writing.

**Messages:**

Please call:

( ) my home ( ) my cell ( ) my work \_\_\_\_\_

( ) other \_\_\_\_\_

**If unable to reach me:**

( ) you may leave a detailed message

( ) leave a message asking me to return your call

( ) \_\_\_\_\_

**Best time to reach me is:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Client Signature or Initials*

Print Name: \_\_\_\_\_