



OCEAN BREEZE
WELCOME
PACKET

OCEAN BREEZE ASSOCIATES, LLC.

Ocean Breeze Healthcare

235 Dongan Hills Avenue

Suite 2B

Staten Island, NY 10305

Main Phone Number

800-219-5920

Fax Number

800-219-5921

24 / 7 Pharmacist Toll Free Phone Number

800-219-5920

Website

www.oceanbreezehealthcare.com

EMAIL:

info@oceanbreezehealthcare.com

Hours of Operation Eastern

Standard Times

Monday-Friday

8:00 am to 5:00 pm

Staff is available 24/7/365 by calling the toll-free phone number

Please review the enclosed material. Action steps are required for all new customers:

1. Please sign and return the OCEAN BREEZE HEALTHCARE's PRIVACY NOTICE in the postage-paid envelope provided.

If you are a client:

2. Please sign and return the Assignment of Benefits form in the envelope provided.
3. Please sign acknowledgement of receipt of the Admission and Welcome Package
4. Client Satisfaction Form/ Complaint Form
5. Please sign and return the Client Consent to Share Information form in the envelope provided.
6. Please read and provide OCEAN BREEZE HEALTHCARE with your decision of election into the Patient Management Program

If you have any questions or special requests for your prescriptions, please contact Customer Service at 800-219-5920. If you have after-hours concerns about your medication or side effects, please call the After-Hours Hotline at 800-219-5920.

Sincerely,

OCEAN BREEZE HEALTHCARE Team

Please confirm you have received OCEAN BREEZE HEALTHCARE's Privacy Notice by signing below then returning this form in the enclosed postage –paid envelope.

Thank you!

MISSION STATEMENT

Ocean Breeze Associates, LLC. is an independently owned specialty pharmacy committed to advancing the continuum of care, providing physicians and patients with the most comprehensive pharmaceutical care solutions, while maintaining the highest level of quality and affordable care.

Our innovative, physician-friendly pharmacy model and unwavering commitment to improving our patient health outcomes, has led Ocean Breeze to become recognized as a physician-preferred specialty pharmacy.

Through our continuous quality improvement process, Ocean Breeze is committed to assuring that services rendered are appropriate, timely, and priced consistent with fair market value. Ocean Breeze will always maintain its commitment to operate at the highest ethical and quality standards of specialty pharmacy care.

NON-DISCRIMINATION STATEMENT

It is the policy of the organization to admit without regard to race, color, national origin, age, gender or handicap. The same requirements for acceptance into services are applied to all and clients are assigned within Pharmacy scope of practice.

There is no distinction in eligibility for, or in the manner of providing, for any client service provided by the organization, specialty and mail order. All persons and organizations referring clients for acceptance into services or to recommend the organization should do so without regard to the client's race, color, national origin, age, gender or handicap.

POLICIES AND PROCEDURES

This packet contains general information regarding your rights and responsibilities as a client. Updates and revisions to this booklet may be made to reflect the most current standards of care, state and federal regulations. Policies and procedures regarding your care and treatment are available at your request at our office at any time during regular business hours. We encourage you to contact us to ask questions, to obtain information for medications, to request additional consultation, as well as for information regarding the Patient Management Program

WELCOME

Dear Clients and Healthcare providers:

Welcome to Ocean Breeze. Whether this is your first order or you are a long-term customer, please take a moment to review this booklet and the information enclosed regarding Ocean Breeze Associates, LLC. Specialty Pharmacy Services.

Ocean Breeze Associates, LLC Specialty Pharmacy's team is dedicated to assisting you achieve the best possible outcome and managing cost to the payer by providing personal services to you.

OCEAN BREEZE is able to achieve the best outcomes by:

- Ensuring appropriate medication utilization.
- Monitoring the client's medication compliance.
- Monitoring for efficiency and effectiveness of drug therapy.
- Offering and providing education on medications and target disease process.
- Offering a Patient Management Program.
- Development of a client-specific Plan of Care.
- Coordination of services and effective communication between the Care Team.

The client is supported by the Ocean Breeze Team that includes: The client, the client's physician, Pharmacist (Pharm D), patient care coordinators, and the client's caregivers

Ocean Breeze also provides:

- Injection supplies, including syringes, alcohol wipes, and sharps containers at no additional charge
- Insurance and co-payment coordination under medical or pharmacy benefits.
- Same Day Courier and Overnight delivery to the client's address of choice, or to physician's office.
- Automatic refill coordination –you will be contacted to set up a delivery each month.
- A 24-hour, After-Hours Hotline to reach an Ocean Breeze On-Call Pharmacist.

SPECIALTY PHARMACY OVERVIEW

Ocean Breeze Healthcare is a specialty pharmacy that provides convenient, safe access to oral and injectable medications. Ocean Breeze offers a patient-centered approach based on the best evidence-based practices for each of the disease processes under the supervision of a qualified pharmacist.

The areas of specialty population, from infant and to the elderly, include but are not limited to:

- Growth Hormone
- Acromegaly

- Central precocious puberty

The services and care offered by Ocean Breeze go beyond having a prescription filled. Ocean Breeze has a comprehensive Patient Management Program that assists our clients to achieve optimal outcomes from their specialty medication therapies while helping both the client and provider effectively manage cost. Ocean Breeze provides the highest quality of care possible by utilizing a patient-centered approach based on the best evidence-based practices for each of the disease processes. All activities are supervised by a qualified pharmacist and trained competent staff. Additionally, you will be assigned a Patient Care Coordinator who will act as your advocate and will help you navigate insurance and financial assistance programs, help arrange monthly refills, coordinate delivery, direct you to educational and community resources as needed, and assist in any other way you might need. For questions related to your medications, diagnosis or plan of care, Pharmacists are available to you 24 hours a day, 7 days a week for an availability of 365 days a year by calling 800-219-5920 or in person during our regular business hours. When calling (or having someone authorized to speak on your behalf call) please be sure identify clearly your first and last name and date of birth.

PATIENT MANAGEMENT PROGRAM

Ocean Breeze has trained clinicians to assist clients with their specialized needs, providing free consultations and communicating with other members of their healthcare team. The patient management program includes several components:

- Medication Compliance Program
- Medication Drug Therapy Program (MDRP)
- Drug Utilization Review (DUR)
- Patient Education
- Coordination of Care and Services
- Ongoing Performance Quality Improvement Program

The Ocean Breeze pharmacist who has oversight of the specialty program is the Senior Clinical Pharmacist. At the time of the initial referral or initial physician order, the Ocean Breeze pharmacist conducts an initial assessment and develops an individualized Plan of Care, based on the findings. The Plan of Care includes measurable goals and interventions that are identified based on the strengths and needs of the clients. The staff conducts ongoing reassessments of the client to identify changes in the client or needs for service, treatment or care. The plan of care is update as warranted by the disease state or at least every three to six months. The plan of care is developed on evidence-based standards of care and best practice. Evidence based health information and content for common conditions, diagnoses and treatment diagnostics and interventions are available to patients, prescribers or providers upon written or oral request.

- Personalized case review
- Prior authorizations to determine medical necessity
- Co-pay assistance program referrals
- Comprehensive assessment and reassessments

- Client-specific Plan of Care Consultations based on the client's needs and request
- Assess for "At Risk" population
- Maintain current client medication profiles
- Quantity dose review
- Dose optimization
- Drug Utilization Review (DUR)
- Protocol Management based on Best Practices and current standards of care

Medication Compliance Program

Medication compliance is crucial to the outcomes of the client therapy program for a chronic disease. Poor medication adherence increases the risk of poor health outcomes and has a significant negative economic impact on healthcare resources and a person's quality of life.

Ocean Breeze's goal is to maintain high standards for a client's medication adherence, utilizing a Medication Compliance Program. Client non-adherence is quickly identified and the appropriate intervention is implemented by engaging the client and healthcare team to improve client medication adherence.

Medication Drug Therapy Program (MDTP)

Ocean Breeze Medication Drug program has a group of services that optimizes drug therapy with the intent of improved therapeutic outcomes for individual patients.

Medication therapy management includes five core components: a medication therapy review (MDTP); client medication record; medication-related action plan; intervention and/or referral and documentation and follow-up.

A MDTP is a systematic process of collecting patient and medication-related information that occurs during the pharmacist- patient encounter. Additionally, the MDTP assists in the identification and prioritization of medication-related problems. During a client's encounter, the pharmacist develops a patient medical record that includes all prescription and nonprescription products and requires updating as necessary. After assessing and identifying medication-related problems, the pharmacist develops a patient-specific plan of care. The plan of care includes self-management actions necessary to achieve the client's specific health goals. In addition, the patient and pharmacist utilize the client medication record actions and track progress towards health goals.

Drug Utilization Review (DUR)

Ocean Breeze has a Drug Utilization Review program to improve client care and reduce overall drug cost to the client and the provider.

DUR is an ongoing, systematic process designed to maintain the appropriate and effective use of medications. It involves a

comprehensive review of a patient's medication and health history before, during and after dispensing to attempt to achieve appropriate therapeutic decision-making and positive patient outcomes. Pharmacists participating in DUR programs can directly improve the quality of care for patients, individually and as populations, by striving to prevent the use of unnecessary or inappropriate drug therapy, prevent adverse drug reactions and improve overall drug effectiveness.

Ocean Breeze Promotes client safety by monitoring for:

- Prospective, Concurrent and Retrospective reviews of drug usage
- Pharmacy-dispensing activities (cost-effective drug selection)
- Appropriateness of drug therapy
- Effectiveness of drug therapy
- Prevention of potential dangers
- Conducts a medication regimen review to identify potential drug interactions
- Under- or over- drug use
- Off-label use
- Box warning
- Manages authorizations
- Co-pay assistance program referrals

Ocean Breeze measures, analyzes, and tracks quality indicators in order to evaluate the effectiveness and efficiency of the program:

- Trends of the prescriber
- Over- or under-use of the medication
- Appropriateness of the medication
- Potential or Actual Side Effects
- Adverse Drug Events
- Cost

Ocean Breeze analyzes the data and reports the findings to identify a need for organization improvements

Client Assessment and Education

The cornerstone of the informed consent process, client safety and quality of care, is education and effective communications. Ocean Breeze will provide the client and family/caregiver with the appropriate medication information or education, as well as clinical and educational resources to ensure clients reach and maintain an optimum level of self-care management and to improve outcomes of care.

Ocean Breeze assesses the educational needs of the client and family at the time of admission. An individual plan of care supported by current scientific/medical research and/or clinical practice guidelines and protocols is developed to include training and education based on client/caregiver needs and receptiveness to teaching. Any barriers or limitations are taken into consideration. All medications to patients are shipped with Manufacturer evidence based health information.

- Teaching/instruction is ongoing throughout the treatment plan and
- Teaching is revised as needed to reach expected outcomes.

Ocean Breeze uses a coordinated, multidisciplinary approach in providing education to clients at home. Staff conferences, consultations, the clinical staff and/or when appropriate in-home visits may be made to ensure that educational objectives are met.

All of Ocean Breeze clients are entitled to communication tailored to that client's age, primary language and ability to understand the treatment, teaching and concerns related to their health care. We are aware a client's language, cultural, religious practices, social/economic, literacy level and cognitive or physical impairment may affect communication. Ocean Breeze's staff is trained to be sensitive to diversity and incorporating diversity into the client plan of care. A list of evidences upon which interventions are based can be provided to you at your request-please ask the pharmacist or PCC to provide this to you.

When communication barriers exist such as non-English speaking clients, clients with receptive/expressive aphasia, special needs or clients with limited formal education, the organization will facilitate communication by using special devices, interpreters, literacy appropriate materials, visual aids, or other communication aids.

Ocean Breeze provides ongoing education to the clients and their families by newsletters, research and information located on our website: www.oceanbreezehealthcare.com. Ocean Breeze encourages clients to utilize Patient Education Resources on the Ocean Breeze website.

Coordination of Care and Services

Effective and efficient communications is the key to the success of the coordination of care and services among your healthcare team to optimize the best patient center outcomes that are based on evidenced-base practice standards.

OCEAN BREEZE Healthcare will coordinate managing pharmaceutical problems or issues that are identified through any means. OCEAN BREEZE, when necessary, will consult the client, the payer

and/or the prescriber. Also, the organization may coordinate for the provision of care, treatment and services whether the service is provided by internal or external resources that may be by contract or referred to the appropriate resource. Service providers contracted by OCEAN BREEZE Healthcare are given information that will enable them to provide appropriate care and/or services. Information provided is in compliance with HIPAA.

Benefits and limitations of participating the Patient Management Program:

OCEAN BREEZE Healthcare encourages all patients to continue participation in the patient management program. Benefits of continued participation include: Improved knowledge of medication use and administration, Improved medication compliance by creating an individualized plan for the patient to make sure medication doses aren't missed, Improved ability to manage difficult side effects , greater self-management of medications and medical condition, and improved overall health. While we believe that there is a benefit to participation, we acknowledge that there are limitations—for example, based upon your ability to properly follow directions in an effort to remain compliant to therapy.

Opting Out of the Patient Management Program

Upon intake, all specialty patients are automatically enrolled into the Patient Management Program. Should you wish to opt out of the program, you may do so by filling out the form located in the back of the packet and returning to OCEAN BREEZE Healthcare. Via MAIL: OCEAN BREEZE HEALTHCARE ATTN: PM Program OPT OUT, 235 Dongan Hills Ave Ste 2B, Staten Island, NY 10305. To return via email, please address to info@oceanbreezehealthcare.com,” with the subject line “PM PROGRAM OPT OUT”. To return via fax, please fax to 800-219-5921

Product information

OCEAN BREEZE Healthcare carries a wide range of specialty medications. In the event that a product is unavailable at the time of your order, your patient care coordinator can assist you in finding a local or mail order provider that will be able to receive the prescription and send the medication.

Medication Substitutions for new prescriptions and refills:

OCEAN BREEZE Healthcare will substitute medications for new and refill prescriptions if there is a lower cost generic available for treatment, so long as the prescriber has not indicated “dispense as written.” Additionally, should we be able to identify a medication that might offer the equivalent efficacy but offer a financial savings, or present an easier method of administering (i.e., oral vs. injectable, single dose vs. multiple doses/day, etc.) and thus help with compliance, the pharmacist will reach out to your physician to discuss adjusting the medication for your benefit. If a change is authorized the pharmacist will inform you of this and provide the reason.

Refills for delivery

Prescription refills are easy with OCEAN BREEZE Healthcare. OCEAN BREEZE Healthcare coordinates the refills with your physician and will automatically ship to the specified address. We don't want you to have a lapse in your drug regimen. One of our goals is to prevent hospital admissions. Prior to each refill, your Patient Care Coordinator will contact you to assess any current needs, your compliance to the prescribed treatment, side effects, changes in your medical condition, regimen and any issues with benefits limitation in which we can assist you.

If you need a refill prior to the refill time, please contact the staff at OCEAN BREEZE Healthcare for assistance.

For prescription refills, an OCEAN BREEZE Healthcare Specialty representative will contact you five to seven days prior to your refill due date to coordinate the following;

1. Collection of your co-payment.
2. Update your client record.
3. Set up a delivery date.
4. Confirm a delivery address where your shipment can be accepted and a receipt signed.

If we are unable to reach you for coordination of a refill, please call and ask for your Patient Care Coordinator. OCEAN BREEZE Healthcare will not ship refills without contacting you first.

Refills for Delivery to the Healthcare Provider

OCEAN BREEZE Healthcare will begin coordinating office-administrative prescriptions five to seven days prior the refill due date. Your office will receive a fax requesting any changes in the prescription order prior to shipment. If there are no changes to a prescription order, no action is required and OCEAN

BREEZE Healthcare will automatically ship the refill. OCEAN BREEZE Pharmacy Specialty will also fax your office for a prescription renewal when there are no remaining refills.

Note: delays in refills may occur if the client cannot be contacted for co-payment collection (when applicable).

Shipping and Deliveries

OCEAN BREEZE Healthcare ships all refrigerated and non-refrigerated medications by FedEx priority overnight delivery.

All packages require a proof of delivery. OCEAN BREEZE Healthcare packs and ships all medications in order to maintain constant manufacturer temperature guidelines. In accordance with Good Practice Standards and ACHS safety guidelines, our packaging is tested periodically for temperature integrity in several high temperature regions.

Most injectable medications require refrigeration so it is important that you open your medication promptly upon receipt and store it properly until use.

If the shipment appears to be damaged and outside of the appropriate temperature range, please notify OCEAN BREEZE Healthcare immediately.

Order Status

Should you wish to check the status of your order at any time, please call the pharmacy directly at 800-219-5920 to speak with a Patient Care Coordinator.

Order Delays

Should there be a delay in your order for any reason, your Patient Care Coordinator will reach out to you directly to explain the reason for the delay and also, outline any steps that may be needed to rectify the situation. They will provide a timeline for the order.

Emergencies and Deliveries

In the event of a client emergency, OCEAN BREEZE Healthcare will make accommodations for same-day courier local delivery or FedEx priority overnight delivery. In the event of a natural disaster or emergency in the OCEAN BREEZE Healthcare area that may disrupt the delivery of your medication, OCEAN BREEZE Healthcare has arrangements with facilities throughout the country to ensure uninterrupted service even if distribution from our main facility is not possible.

Should there be an emergency in the client area that would prevent the delivery of the medication, please contact OCEAN BREEZE Healthcare, the client physician or go to the local emergency room to receive your medication.

Transfers to another facility or Pharmacy benefit management organization

During the intake process, we will verify your benefit coverage. In the event that your health plans notifies us that your order should be sent to another facility of Pharmacy Benefit Management organization, we will contact you directly to assist you in the transferring of the order.

FINANCIAL OBLIGATION and FINANCIAL ASSISTANCE

Before care begins, the staff will inform you, in writing, of financial obligations you incur that are not covered by insurance, Medicare, Medicaid or other third-provider sources.

You are informed of the provider-source-agreed-upon obligation and your financial obligation and your obligation based on the provider source. Financial notification of obligation includes but is not limited to: potential out-of-pocket costs, such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that could occur during the enrollment period. If changes occur, you will be notified verbally and in writing as soon as possible, but no later than 30 calendar days from the date OCEAN BREEZE Healthcare becomes aware of a change.

Insurance Claims

OCEAN BREEZE Healthcare will automatically submit claims to your health insurance carrier based on the date your prescription is filled. You will receive a monthly statement if you are financially responsible for any portion of the prescribed medication. Please notify OCEAN BREEZE Pharmacy of any change in your billing address or insurance information.

If the claim is rejected, the staff of OCEAN BREEZE Healthcare will notify you so that we can work together to resolve the issue. If we are unable to resolve the issue, our staff will provide you information on how to file a claim.

Co-Payments

In most cases, OCEAN BREEZE Healthcare is required to collect all insurance co-payments prior to shipment of your medication. Co- payments can be paid by Visa, MasterCard, American Express, Discover, electronic checking account debit over the phone and by check or money order through the mail.

Co-pay Assistance Referral Program

OCEAN BREEZE Healthcare has a co-pay assistance referral program to ensure continuity of medication, thus preventing avoidable emergency-room visits or hospitalizations because of an interruption in drug therapy.

EMERGENCY PREPAREDNESS

OCEAN BREEZE Healthcare's team of professionals ensures that clients receive dependable therapy services as prescribed, 24 hours a day, 365 days a year. In the event of a natural disaster or emergency in our area that may disrupt the delivery of your medication, OCEAN BREEZE Healthcare has made arrangements with facilities throughout the country to ensure uninterrupted service even if distribution from our main facility is not possible.

Client Emergency Preparedness

Should there be an emergency in your own area that would prevent the delivery of your medication, please contact your physician or go to your local emergency room to receive your medication.

Develop a plan of action

In case of a fire, create an escape plan and pass that information on to all the members of the household. Choose a room with two exits for the patient and plan for everyone to meet at one place outside the house.

Locate ramps or other special exits for the time of need.

If a patient is bedridden, you may notify the local fire department about which room the patient occupies. Bedrooms should be on the ground floor, if possible, for easy exit in case of fire.

Smoke detectors are a must.

There should be at least one detector in working order on each floor. A smoke detector should be placed near the kitchen and living room because most fires start in those rooms. If you do not have a smoke detector, please talk to your hospice nurse or social worker. There are community resources in that supply smoke detectors at no charge and hospice can contact them for you.

Keep a fire extinguisher handy.

In case of fire, call the fire department. Fight a fire only if the fire is small and everyone has been evacuated. Always leave yourself an escape route.

If children are in the home, performing a fire drill can educate them about safety in case of a fire. Remind everyone to stay low because smoke rises. Don't open any door unless the door feels cool to the back of your hand. If clothing catches fire: STOP, DROP and ROLL. Develop a tornado-warning plan. If possible, move into an interior room without windows, if the patient is bedridden, cover the window with heavy blankets to prevent breaking glass from entering the room.

Keep a battery-operated flashlight and radio handy.

During a power outage, the patient's oxygen concentrator should be turned off. The patient should use a portable oxygen tank. Contact the company that supplies oxygen for refills if needed. If you choose to go to a friend or family member who has electricity in their home, please notify hospice of your new location.

During an ice or snow storm, OCEAN BREEZE Healthcare will make the necessary arrangements to ensure adequate medicines/supplies/oxygen is available. Daily phone calls will be made to assess for issues.

Adverse Drug Reactions

An adverse drug reaction is defined as: "Any response to a drug that is noxious and unintended and that occurs at doses used in humans for prophylaxis, diagnosis or therapy, excluding failure to accomplish the intended purpose."

OCEAN BREEZE Healthcare instructs clients/caregivers how to identify adverse reactions (i.e., anaphylaxis, nerve tissue, and/or vascular damage and toxic reactions), and to report them to OCEAN BREEZE Healthcare in a timely manner.

If you suspect a reaction/side effect related to a medication, please contact the pharmacist at OCEAN BREEZE Healthcare and your physician.

Medical Emergency

In the case of medical emergency please call 911 or your local emergency service for immediate assistance.

Notify OCEAN BREEZE Healthcare and your physician when you are safe and no longer in immediate danger.

Reporting of Other Events

Please call OCEAN BREEZE Healthcare if you are hospitalized, go to the Emergency Room, go to your physician's office for an unplanned visit or miss work or school because of your disease state. Also call OCEAN BREEZE Healthcare if you have a medication side effect or medication complication. If you cannot call, please arrange for someone to call OCEAN BREEZE Healthcare. We have a review process for these types of situations.

SAFETY IN THE HOME

Following are suggestions to make the home environment safe for the patient:

Clear all pathways to accommodate the patient and whatever equipment he or she might need (such as a cane, walker or wheelchair.)

Remove throw rugs and tape down any electrical cords near pathways. Footwear should have non-skid soles.

Staircases should have sturdy handrails.

Use night-lights as appropriate.

Check with your nurse about the need for special equipment in the bathroom, such as a raised toilet seat; grab bars in the bathing area, or a shower bench.

For the patient who is home alone, you can increase safety by renting a *Lifeline* system. *Lifeline* is worn around the neck by the patient and can be activated to automatically contact specific people in case of an emergency. Your social worker has information on the *Lifeline* system.

Room monitors, such as those used in a nursery, allow caregivers to keep an ear on the patient while in other parts of the house or yard.

Less active patients may be safer and more comfortable in a hospital bed with side rails. A bedside commode can lessen risky trips to the bathroom. Your nurse will help you evaluate which pieces of equipment might add to safety and comfort. Use electricity safely. Do not overload electrical outlets. Cover unused outlets. Get in the habit of unplugging appliances not in use. Check electrical cords for cracked or frayed areas and replace damaged cords.

Keep electric appliances away from the tub and shower area.

Areas around stoves, hot plates and space heaters should be free of flammable materials. Keep hot water temperature set below 120 degrees to avoid being burned by hot tap water. Install a fire extinguisher and check routinely.

Oxygen and Smoking

Instructions about smoking or having open flames around oxygen equipment should be taken seriously.

Concentrators and oxygen tanks and tubing should be at least 5 feet from an open flame. "NO Smoking - Oxygen in Use" signs are provided by the medical equipment company at the time of delivery. Please display the sign in a prominent place by the front door in your home or near oxygen.

Do not smoke or light a flame in a room where oxygen is being used. Do not use oxygen near a gas stove. Never smoke while using oxygen.

Never smoke in bed or when drowsy.

Use large, deep ashtrays made of noncombustible material and heavy enough so they are not easily knocked over.

Storage of Oxygen cylinders (tanks):

Tanks should be stored flat on the floor, but not under furniture or in an enclosed area such as a closet. If tanks are stored upright, they must be secured to a stationary object.

Transporting Oxygen:

Oxygen should not be transported in the trunk of the car. Tanks may be stored in the passenger area of the car, on the floor. The concentrator should be placed on the back seat and seat-belted in. During hot summer days, park in the shade and leave a window open to prevent release of oxygen from the tank.

Do not use any petroleum products when using oxygen.

MEDICATIONS

Medication Safety

OCEAN BREEZE Healthcare recommends the following for general medication safety.

Maintaining a current medication list helps you remember the names of your medications and how you are supposed to take them.

For your own safety, carry a current list of your medications with you at all times. Your Caregivers should know what medications have been prescribed for you and what you take and use without a prescription.

When you visit your doctors, nurses, dentists and pharmacists show your list to them. It is important to review your list with your healthcare team at every visit.

Make sure you have a list of medications you are to take at home after you get discharged from the hospital. A medication dosage or frequency may change or be discontinued. Ask your physician any questions you have about your medication prior to discharge. The list of medications should contain prescribed medications and all over-the-counter medications and herbals. These are medication you can go to the store and purchase like Tylenol, vitamins, CQ10 and fish oil.

It is important for you to be knowledgeable of all your medications to include:

- What disease has the medication been prescribed?
- General knowledge of how the medication works.
- Knowledge of potential side effects to prevent an injury to you or others, such as driving after taking a narcotic.
- How to take your medication such as frequencies, time, dose, and route (by mouth, SQ injection just under the skin)? What your medication will interact with such as alcohol or grapefruit juice.
- Ability to administer medication administer as prescribed, or the ability to give yourself injections when ordered.
- Does the medication have any special warning like Black Box, take with food or take on an empty stomach?
- What to do if you miss a medication; sometimes you cannot take the missed dose.
- Can you chew or crush the medication?
- When to notify the pharmacist and the physician.
- How to store your medication, i.e., do they need to be stored in the refrigerator or is it sensitive to light or the temperature range at which the medication needs to be stored.
- Inspect your medication after being filled: Does it look the medication you have taken before? Is the label correct? Does it have your name on the package? If you have QUESTIONS or suspect an error, call the pharmacist. Errors do occur when dispensing medication.
- How to properly and safely dispose of your medications.

Inspect your medications when they are delivered for damage and appropriate temperature range. If applicable, please note that your medication may require refrigeration. If you are concerned about the integrity of the medication call OCEAN BREEZE Healthcare. Also, check medications to make sure they stay out of the reach of children or out of the reach of mentally impaired individuals. Medications are to be stored as recommended by the manufacturer, written information is provided with each shipment. It is important that you review the information, however, if you have questions call OCEAN BREEZE Healthcare. Our phone number is: 800-219-5920.

Proper Disposal of Drugs

The following guidelines were developed to encourage the proper disposal of medicines and help reduce harm from accidental exposure or intentional misuse after they are no longer needed:

- Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.
- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your
- city's or county government's household trash and recycling service to learn about medication disposal options and guidelines for your area.

- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles (“drop-boxes”). Visit the [DEA’s website](#) or call 1-800-882-9539 for more information and to find an authorized collector in your community.

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
2. Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.

Disposing of Sharps

Syringes and Lancets and other injectable supplies should be made in a puncture-resistant container or a Sharps container.

Medical waste disposal, including Sharps containers, varies by county. Contact your doctor’s office for instructions or proper disposal in your county. **PLEASE DO NOT SEND USED SHARPS CONTAINERS THROUGH THE MAIL BACK TO OCEAN BREEZE HEALTHCARE.**

OCEAN BREEZE Healthcare includes a Sharps Containers with all first-time, direct-to-client prescription orders. Please request another container be sent to you when it becomes full. The container will be sent with your prescription refill from your OCEAN BREEZE Healthcare Representative.

Instructions on using your Sharps container:

1. Always keep the container out of the reach of children
2. Drop used needles, syringes and lancets, needle first into Sharps container
3. **DO NOT SEAL WITH THE LOCKING LID UNTIL THE CONTAINER IS FULL.** The container cannot be reopened after the locking lid is sealed.
4. Only fill the container to the “Fill Line.”
5. When the container is full, seal the container with the locking lid (the container now cannot be re-opened).

Recalls

In the event of a medication recall, the pharmacy will follow the FDA or manufacturer’s recommendations and pass on this information to you. Should there be a need to collect the medication we will arrange for pick up, otherwise, we will contact you to discuss safe disposal of medications.

Preparation for Injection

What to Do Before Any Injection:

1. Wash hands thoroughly with antibacterial soap and dry with paper towels. (Handout provided)
2. Set up a clean work area free of dust and dirt; wipe area with alcohol if necessary.
3. Gather all necessary supplies that you will need: syringe, medication, alcohol pads and a Sharps container and place them on a clean towel. Be sure that your work area has sufficient lighting and that you have your glasses, if necessary, to ensure that you fill syringe with correct amount of medication.
4. If you are not using a pre-filled syringe, prepare your medication and fill the syringe according to the manufacturer's guidelines found in the medication package insert.
5. Depending on the type of medication, you may be required to discard the needle used to draw up the medicine and place a new needle on the syringe for injection. This known as an exchange needle; extra needles should be in the package with the medication. This may be necessary to avoid irritating the skin and tissues. Remember to discard all needles in a Sharps container.

Hand Hygiene

- Using antimicrobial soap and water or non-antimicrobial soap and water:
 - Keep clothing away from sink and splashes.
 - Wear minimal jewelry, no more than 2 rings.
 - Keep nails short (1/4 inch in length). Nail polish should not be chipped
 - Turn on water and adjust temperature for your comfort.
 - Wet hands and apply manufacturer's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).
 - Clean fingernail area (bacteria may be harbored beneath fingernails).
 - Wash hands thoroughly, using rigorous scrubbing action for at least 15 seconds. Work lather around fingernails, top of hands, etc. (to facilitate eradication of all bacteria).
 - Rinse hands and wrists under running water.
 - Repeat hand-hygiene technique, if necessary (to prevent recontamination of hands).
 - Dry hands with clean paper towel. (Multiple use towels, i.e., rolling towels, are not recommended for healthcare facilities.)
 - Turn off faucets with used paper towel and discard.
 - Avoid using hot water for hand-hygiene. Repeated use of hot water may increase the healthcare worker's risk of dermatitis.
- Using an alcohol-based hand rub:
 - Apply manufacturer's recommended amount of alcohol-based hand rub to palm of one hand.
 - Rub hands together, covering all areas of the hands and fingers, until hands are dry.

NOTES:

- a. Remember, when hands are visibly soiled, wash hands with either a non- antimicrobial soap and water or an antimicrobial soap and water.
- b. Gloves are to be worn when in contact with blood, bodily fluids, mucous membranes, non- intact skin.

AUTHORIZATION - FOR RELEASE OF INFORMATION TO PERSONAL REPRESENTATIVE

This Authorization is for use, pursuant to the HIPAA privacy rules, if you are authorizing the release of medical/health information to a spouse, parent, adult child, or caregiver for access on an on-going basis to assist with your care and maintaining your information. You understand these records may contain information created by other persons or entities, including physicians and other health care providers as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes), reproductive health services, and treatment for sexually transmitted diseases. **Section 1: Patient's printed information**

Last Name First Name MI

Date of Birth / /

St Address

City State Zip Code

Telephone () -

Section 2: Person authorized to receive information from OCEAN BREEZE HEALTHCARE

Last Name First Name MI

Date of Birth / /

St Address

City State Zip Code

Telephone () -

Email Address

Relationship: Spouse Parent Child Caregiver Other: _____

Section 3: Describe or list the information that you are asking us to release

Any and all prescription information related to medical/health services received.

Section 4: List the specific purpose for requesting this information

To assist with the management of my care, maintenance of information, and administrative functions on my behalf relating to the services/products I receive from OCEAN BREEZE HEALTHCARE

Section 5: Expiration required (see instructions)

This authorization expires: / / or event: _____

Section 6: Information regarding this Authorization

You have the right to revoke the Authorization, in writing to OCEAN BREEZE Healthcare Privacy Office, at any time. The revocation is only effective after it is received and logged by OCEAN BREEZE Healthcare. Any use or disclosure made prior to a revocation is not included as part of the revocation.

Refer to our Notice of Privacy Practices for permitted uses and disclosures of protected health information ("PHI"). You may obtain a copy of this Notice from the Privacy Office. Please keep a copy of this authorization for your records.

Once PHI is disclosed to others, it may be redisclosed by them to persons or entities that are not subject to the privacy regulations, which means that the PHI may no longer be protected by regulations.

Privacy regulations prohibit the conditioning of treatment, payment, enrollment, or eligibility for benefits on signing this Authorization.

This Authorization must be signed and dated by the patient or signed and dated by the patient's personal representative to include a description of that person's ability to act on behalf of the patient

Section 7: Signature and date

I, _____, by signing below, authorize OCEAN BREEZE HEALTHCARE to use or disclose my protected health information as described above.

Signature _____ Date

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Section 8: If this Authorization is signed by the patient’s personal representative, please explain your authority to act (see instructions for additional information that may be required).

Section 9: Mail this completed and signed form to: OCEAN BREEZE Healthcare Privacy Office, 235 Dongan Hills Ave. Ste 2B, Staten Island, NY 10305

AUTHORIZATION - FOR RELEASE OF INFORMATION TO PERSONAL REPRESENTATIVE

The authorization form must be completed and signed in order for the authorization to be valid as defined by the HIPAA privacy rules (45 CFR Parts 160 and 164).

Section 1: This section contains your information. This means that it is your information that would be released in accordance with your authorization.

Section 2: Provide the information of the person who you are authorizing to receive your protected health information ("PHI").

Please note that this may not always be a company. It may also be a specific person or class of persons. For example, your spouse, a specific family member, pharmacy, etc.

Section 3: This section requires that you list the information that you are authorizing OCEAN BREEZE HEALTHCARE to release. This section must be specific enough for OCEAN BREEZE HEALTHCARE to understand the nature of your authorization.

Section 4: The purpose for requesting the information should be provided. For example, "maintenance/management of family health care," etc.

Section 5: The authorization must include an expiration date or event. The expiration date or event must either be a specific date in the future (e.g., 01/01/2020), a specific time period (e.g., one year from the date of signature), or an event directly relevant to the individual or the purpose of the use or disclosure (upon death, 4 months after my death). The authorization cannot contain an indeterminate expiration date such as "when I revoke it," "never," N/A, upon notification or leaving the line blank.

Section 6: This section includes information regarding the authorization that you should read.

Section 7: Must be signed and dated.

Section 8: If you are signing the authorization as the legal representative of the individual listed in Section 1, and are other than the parent of the minor child whose information you are authorizing OCEAN BREEZE Specialty Pharmacy to release, you must also submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.

If you have any questions regarding this form, you can contact:

OCEAN BREEZE HEALTHCARE Privacy Office, 235 Dongan Hills Ave. Ste 2B, Staten Island, N.Y. 10305

Remove Instruction Sheet and Complete the Authorization Form

OCEAN BREEZE HEALTHCARE Services Agreement

CONSENT TO SERVICES

I understand that I have my choice of pharmacy provider. I agree to the provision of services by OCEAN BREEZE HEALTHCARE. These services may include dispensing and delivery of prescription medications ordered by my doctor, and coordination of nursing services. I understand that my care is directed and monitored by my doctor, and OCEAN BREEZE HEALTHCARE is not liable for any act of omission when following the instructions of my doctor who is neither the employee nor the agent of OCEAN BREEZE HEALTHCARE.

PATIENT'S RIGHTS AND RESPONSIBILITIES

I have read and understand the statement of Patient's Rights and Responsibilities associated with this form.

ASSIGNMENTS OF BENEFITS

- *Medicare/Medicaid Benefits:* I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf to OCEAN BREEZE HEALTHCARE.
- *Private Insurance:* I authorize OCEAN BREEZE HEALTHCARE to bill my insurance carrier directly for services provided on my behalf.

I authorize payment for any services provided to me by OCEAN BREEZE HEALTHCARE to be paid directly to OCEAN BREEZE HEALTHCARE. I understand that I am financially responsible to OCEAN BREEZE HEALTHCARE for any copayment or non covered medications not HEALTHCARE paid by my insurance company. In the event that I do not pay my balance for any amount due within thirty (30) days from the date of the invoice, unless special arrangements are made, late fees may apply. I understand that at any time, I may contact OCEAN BREEZE HEALTHCARE at 235 Dongan Hills Ave. Ste 2B Staten Island, NY 10305 to request an estimated amount of my financial responsibility for services provided by OCEAN BREEZE HEALTHCARE.

RELEASE OF INFORMATION

I authorize all healthcare providers, insurers, or other parties with healthcare information about me to release to OCEAN BREEZE HEALTHCARE any and all of my healthcare records, including prescription records, that are related to or may assist in the treatment of the condition(s) for which OCEAN BREEZE HEALTHCARE is providing services to me (hereafter referred to as "My Records"). I authorize OCEAN BREEZE HEALTHCARE to release any and all information for My Records as may be necessary for OCEAN BREEZE HEALTHCARE to receive payments of benefits on my behalf, to comply with audit requests of accrediting bodies or government agencies. I understand that OCEAN BREEZE HEALTHCARE may use information from My Records that does not identify me personally for data collection, statistical analysis, and other purposes undertaken in OCEAN BREEZE HEALTHCARE normal course of business. I hereby release, on my behalf and on behalf of my successors and assigns, OCEAN BREEZE HEALTHCARE and its officers, directors, employees, and agents from any and all liability arising from the release of My

Acknowledgement of Receipt of Pharmacy Services Agreement and Rights and Responsibilities

Please sign your name and date on this acknowledgement form.

By signing below, I certify that I have read and accepted the terms of this OCEAN BREEZE HEALTHCARE Services Agreement. 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 patient agreement and consent on the patient's behalf.

Patient's Name:

Last Name

MI

First Name

DOB

Guardian's/Parent's Name:

Last Name

MI

First Name

Signature: _____ **Date:** _____

OCEAN BREEZE healthcare has permission to leave messages at my home or on my home answering machine or voicemail.

OCEAN BREEZE HEALTHCARE has my permission to contact me at my place of employment.

Client's Bill of Rights and Responsibilities

As a client of OCEAN BREEZE HEALTHCARE, you have the right to:

- ❖ The right to know about philosophy and characteristics of the patient management program;
- ❖ The right to have personal health information shared with the patient management program only in accordance with state and federal law;
- ❖ The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested;
- ❖ The right to speak to a health professional;
- ❖ The right to receive information about the patient management program;
- ❖ The right to receive administrative information regarding changes in, or termination of, the patient management program;
- ❖ The right to decline participation, revoke consent, or dis-enroll at any point in time;

As a client of OCEAN BREEZE HEALTHCARE, you have the responsibility to:

- ❖ The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law;
 - ❖ The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information; and
 - ❖ The responsibility to notify their treating provider of their participation in the patient management program, if applicable.
-
- ❖ 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

If you need clarification or are not satisfied call OCEAN BREEZE Healthcare and ask for the Pharmacist. To register a complaint with the New York State Board of Pharmacy, call 518-474-3817

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We at OCEAN BREEZE Pharmacy are 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. References to “OCEAN BREEZE Pharmacy,” “we,” “us,” and “our” include OCEAN BREEZE Pharmacy LLC and the members of its affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). OCEAN BREEZE Pharmacy, its employees, workforce members and members of the OCEAN BREEZE Pharmacy’ affiliated covered entity who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices (“Notice”). The members of the OCEAN BREEZE Pharmacy’ affiliated covered entity will share PHI with each other for the treatment, payment and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of OCEAN BREEZE Pharmacy’ affiliated covered entity, please contact the Privacy Office.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you.

OCEAN BREEZE Pharmacy is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive health care products and services from us. Upon request, we will provide any revised Notice to you.

How We May Use and Disclose Your PHI:

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections. If you would like additional information about special state law protections, you may contact the Privacy Office or visit www.oceanbreezehealthcare.com.

II. Uses and Disclosures of PHI That Do Not Require Your Prior Authorization

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment and health care operations without your prior authorization as follows:

Treatment. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI with other third parties, such as hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.

Payment. We may use and disclose your PHI in order to obtain payment for the health care products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for health care products and services you need and to determine the amount of your co-payment. We will bill you or a third-party payor for the cost of health care products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We

may also disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.

Health Care Operations. We may use and disclose your PHI for our health care operations. Health care operations are activities necessary for us to operate our health care businesses. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also analyze PHI to improve the quality and efficiency of health care, for example, to assess and improve outcomes for health care conditions. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

We may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates. We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

To Communicate with Individuals Involved in Your Care or Payment for Your Care. We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will generally regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

Food and Drug Administration ("FDA"). We may disclose to 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.

Worker's Compensation. To the extent necessary to comply with law, we may disclose your PHI to worker's compensation or other similar programs established by law.

Public Health. We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required or permitted by law – for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for 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 your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or

other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.

Research. We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy 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 your PHI to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations. Consistent with applicable law, we may disclose your PHI 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 your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Disaster Relief. We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

Fundraising. As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to “opt out” of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.

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

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI 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 foreign military authority.

National Security, Intelligence Activities, and Protective Services for the President and Others. We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. 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.

III. Uses and Disclosures of PHI that Require Your Prior Authorization

Specific Uses or Disclosures Requiring Authorization. We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time.

Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights:

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Privacy Office.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

Inspect and obtain a copy of PHI. With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Office. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an accounting of disclosures of PHI. With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period.

Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach. You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

Where to obtain forms for submitting written requests. You may obtain forms for submitting written requests by contacting the Privacy Officer at OCEAN BREEZE Pharmacy III. You can also visit www.oceanbreezepharmacy.com to obtain these forms.

For More Information or to Report a Problem

If you have questions or would like additional information about OCEAN BREEZE Healthcare privacy practices, you may contact our Privacy Officer at OCEAN BREEZE Healthcare Privacy Office or toll-free by telephone at 1-800-219-5920. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. You can also file a complaint through www.oceanbreezehealthcare.com, and we will route your complaint to the Privacy Office. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of August 30th, 2016

OCEAN BREEZE HEALTHCARE

CUSTOMER COMPLAINT RESOLUTION FORM

Customer Name: _____ Date _____

Address: _____

Tel #: _____ Other contact #: _____

Date of Issue (initial set-up): _____ Item(s) _____

Complaint: _____

Company Representative Receiving Complaint: _____ Date _____

RESOLUTION ACTION(S): Response required within 14 business days

Manager Name: _____ Date of Written Response or Call _____

Problem(s) or Questions reported by Customer: _____

Were Problem(s) and/or Questions resolved: ___ YES ___ NO Other: _____

If Resolved, explain how _____

If Unresolved, explain next step: _____

Signature of Person Completing Form: _____ Date _____

Complaint forwarded to company owner Date _____

Company Owner name: _____ Date received _____

Date customer contact made: Written ___ Telephone ___ In Person ___

How was complaint resolved? _____

Company Owner Signature: _____ Date _____

Original – Company Copy – Customer

I have received the OCEAN BREEZE HEALTHCARE’s Privacy Notice, Admission and Welcome Package that contains information of services, hours of operation, emergency contact information,

Signature Print Name Date

Address St City State Zip

ACKNOWLEDGEMENT OF ADMISSIONS AND WELCOME PACKET

Acknowledgement of Admissions and Welcome Package that contains at least the following information:

- Contact information/ after hours/emergency contact number**
- Hours of Operation**
- Refills for Delivery to Client/ Healthcare provider**
- Information on Deliveries and shipping**
- Financial regarding co-pay, insurance**
- Shipping**
- Counseling/Education**
- Returns**
- Emergency Situations**
- Disposal of Medical Waste**
- Patient Management**
- Program**
- Notice of Client Rights and Responsibilities/Patient Management Program**
- Patient Rights Notice of Privacy Practices**
- Customer Satisfaction Form**
- Complaint Process**

Signature Print Name Date

Address St City State Zip

Patient Management Program

OCEAN BREEZE HEALTHCARE has trained clinicians to assist the client his/her specialized needs, providing free consultations and communicating with other members of their healthcare team.

At time of the initial referral or initial physician order, the clinical staff will conduct a disease-specific initial assessment and based on the finding the clinician develops an individualized disease-specific Plan of Care based on evidence-based standards. The Plan of Care has interventions and measurable goals concerning the identified strengths and needs of the clients.

The staff conducts ongoing reassessment of the client to identify changes in client or need for service, treatment or care and the plan of care update as warranted or at least every three months.

The clinical management of disease is based on evidence based standards of care and best practice optimizing client outcomes.

I _____ hereby:

____ I do not wish participate in the Patient Management Program at this time, but am aware that I can choose to enroll at any time.

____ I wish to unregister as part of the Patient Management Program

Client Signature Date

Please fill out form in its entirety. To return by mail please send to:

OCEAN BREEZE HEALTHCARE, ATTN: PM Program OPT OUT, 235 Dongan Hills Ave. Ste 2B, Staten Island, NY 10305

To return via email, please address to mkwon@oceanbreezehealthcare.com, with the subject line "PM PROGRAM OPT OUT"

To return via fax, please fax to 800-219-5921

Community Resources

Fire Dept/Police Dept./ Local hospital	911
Poison Control	1-800-222-1222
National Domestic Violence Hotline http://www.ndvh.org	1-800-799-7233
Elder Abuse Hotline	1-844-697-3505
Child Abuse Hotline	1-800-342-3720
Justice Center for the Protection of People with Special Needs	1-855-373-2122
Elderly Pharmaceutical Insurance Coverage	1-800-332-3742

Financial Healthcare Assistance programs

Human Growth Foundation	www.hgfound.org
PAN Foundation	www.panfoundation.org
Magic Foundation	www.magicfoundation.org
Connections for growth – Saizen	800-582-7989
Lilly HRC – Humatrope	888-668-6444
Pfizer Bridge Program - Genotropin	844-862-8767
Omnisource Sandoz Access - Omnitrope	877-456-6794
Nutropin GPS - Nutropin	866-688-7674
Zogo Support Program - Zomacton	844-944-9646
PACE - Somatuline	866-435-5677

Additional resources will be provided as per the request made by the patient, family or the caregiver.