



To: Customers and their Family Members

Saliba's Extended Care Pharmacy is proud to have been chosen by the assisted living community where your loved one resides as their contracted pharmacy provider. This decision was based on several factors including:

1. Resident safety
2. Assurance that the facility will remain in compliance with State and Federal regulations
3. Consistency in systems and packaging
4. Convenience of residents and their families

Saliba's Extended Care Pharmacy is a locally owned Arizona company that has been serving the assisted living industry in Arizona for over 25 years. We specialize in providing services tailored to the needs of assisted living communities and their residents.

Our compliance assistive packaging makes it easier for caregivers and nurses to pass medications accurately and timely. By taking on much of the administrative responsibilities associated with obtaining and administering medications; we provide facility staff with more time to spend providing direct care to residents.

We also provide convenience and peace of mind for residents and their families. The services we provide allow you to rest assured that your medications will be there automatically without any effort on your part. Our Phoenix pharmacy is open 24 hours per day, 365 days per year and handles after-hours calls for the Tucson pharmacy. We interact directly with facility staff and prescribers to obtain prescription orders and we deliver all medications free of charge. All routine solid oral dosage forms (tablets and capsules) are provided automatically every 28 days. This obviates the need for residents or family members to go to the pharmacy to pick up medications several times per month.

All of this peace of mind comes at a price that is very comparable to the prices at retail community pharmacy chains. We accept almost all Medicare D, AHCCCS, and commercial insurance plans. Therefore co-pays should be the same at Saliba's Extended Care Pharmacy as they are at retail chains. With the exception of programs such as \$4 generic programs; our non-insurance, cash prices are very competitive as well.

We appreciate the opportunity to serve your assisted living pharmacy needs. Please feel free to call us if you have any questions about our service, or billing.

Sincerely,

John Saliba, RPh
President

BILL OF PATIENT RIGHTS AND RESPONSIBILITIES



As our customer, you are hereby provided this Bill of Rights. You have the right to be notified in writing of your rights and obligations before treatment has begun. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. We fulfill our obligation to protect and promote the rights of our patients, including the following:

RIGHTS: As the patient/caregiver, you have the right to:

- Be treated with dignity and respect
- Confidentiality of patient records and information pertaining to a patient's care
- Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment
- Be notified in advance of the types of care, frequency of care, and the clinical specialty providing care
- Be notified in advance of any change in your plan of care and treatment
- Be provided equipment and service in a timely manner
- Receive an itemized explanation of charges
- Be informed of company ownership
- Express grievance without fear of reprisal or discrimination.
- Receive respect for the treatment of one's property
- Be informed of potential reimbursement for services under Medicare, Medicaid or other 3rd party insurers based on the patient's condition and insurance eligibility
- Be notified of potential financial responsibility for products or services not fully reimbursed by Medicare, Medicaid or other third-party insurers. (to the best of our knowledge)
- Be notified within 30 working days of any changes in charges for which you may be liable
- Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed, if Saliba's Extended Care Pharmacy is unable to provide services then we will provide alternative resources
- Purchase inexpensive or routinely purchased durable medical equipment
- Expect that we will honor the manufacturer's warranty for equipment purchased from us
- Receive essential information in a language or method of communication that you can understand
- Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected
- To be free from mental, physical, sexual, and verbal abuse, neglect and exploitation
- Access, request an amendment to, and receive an accounting of disclosures regarding your health information as permitted under applicable law

CLIENT RESPONSIBILITIES: As the patient/caregiver, you are RESPONSIBLE for:

- Notifying the company of change of address, phone number, or insurance status.
- Notifying the company when service or equipment is no longer needed.
- Notifying the company in a timely manner if extra equipment or services will be needed.
- Participation as in the plan of care/treatment.
- Notify the company of any change in condition, physician orders, or physician.
- Notifying the company of an incident involving equipment.
- Meeting the financial obligations of your health care as promptly as possible.
- Providing accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health.
- Your actions if you do not follow the plan of care/treatment.

OUR RIGHTS: As your pharmacy of choice, we have the right to:

- Terminate services to anyone who knowingly furnishes incorrect information to our pharmacy to secure medication or durable medical equipment.
- To refuse services to anyone who enters our pharmacy and is threatening, intoxicated by alcohol, drugs and/or chemical substances and could potentially endanger our staff and patients.

INJURY, INFECTION AND EMERGENCY PREPAREDNESS



INJURY PROTOCOL

In the event of an injury or death related to equipment failures provided by Saliba's Extended Care Pharmacy and its related entities would be reported to all authorities (state, local payer, accreditation provide as required). Saliba's Extended Care Pharmacy and its related entities reduces the risk through education and information provided to facilities, employees, and patients.

INFECTION CONTROL POLICY

Saliba's Extended Care Pharmacy and its related entities will maintain a plan of action regarding issues of infection and hazards by complying with CDC and OSHA standards, reviewing, updating, and reporting such concerns as they arise.

EMERGENCY PREPAREDNESS PLAN

Saliba's Extended Care Pharmacy and its related entities has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your health care needs. It is your responsibility to contact Saliba's Extended Care and its related entities regarding any medications or supplies you may require when there is a threat of disaster or inclement weather so that you have enough medication or supplies to sustain you.

If a disaster occurs, follow instructions from the civil authorities in your area. Saliba's Extended Care Pharmacy and its related entities will utilize every resource available to continue to service you. However, there may be circumstances where Saliba's Extended Care Pharmacy and its related entities cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Saliba's Extended Care Pharmacy and its related entities will work closely with authorities to ensure your safety.

Prior Authorizations and what they mean to Patients and Caregivers

What is a Prior Authorization?

A Prior Authorization is a utilization management process used by health insurances to establish that a specific case meets clinically driven, medically relevant criteria prior to the medication being approved.

When a medication that is not covered or requires prior authorization is submitted through an insurance plan, the claim will be rejected.

How is this process handled by the Pharmacy?

The care facility where the patient resides is notified via fax that the specific medication(s) require prior authorization. The medication rejection information is then cross-referenced by a Pharmacist. During this time period a Pharmacist will list any medications that are therapeutically equivalent. The Prior Authorization Team then runs test claims to ensure the alternative medications pay through the specific insurance plan. The medications that are verified as covered formulary alternatives are then sent to the Prescriber to decide if he or she would like to change the medication to the alternative. If there are no formulary alternatives the Prior Authorization documentation is started at the Pharmacy. The Prior Authorization Team will add all information that is available to the pharmacy and forward to the Prescriber for completion and submission to the insurance plan.

What does the Prescriber do?

The Prescriber will complete all related paperwork and provide a signature. This information must be submitted to the *insurance plan by the Provider or a Representative*.

A typical Prior Authorization takes at the least 72 hours for review. The Pharmacy will continue to follow up with the Prescriber during this time. If the medication is needed before it is approved, the option to pay cash may be available by contacting the Billing Team and verifying with the Prescriber. Once the medication is approved and the Pharmacy is notified, the medication is dispensed to the patient at their residing facility.

Please contact the Pharmacy Billing Department if we can provide any further clarity regarding Prior Authorizations or the process of determining medication coverage.



Dear Resident and Family,

A warm welcome to your new community!

We understand the care you've taken to find the right community to call home. Selecting the best pharmacy to serve you is just as important. That's why we are delighted to share that your community has chosen to partner with our pharmacy.

We take great pride in this partnership and are committed to ensuring that you get the medications you need, when you need them, safely – and at the right price.

Our professional and compassionate pharmacy team is wholly focused on delivering exceptional care to you and your community's staff. Our services are provided locally, and are designed to make sure you never have to worry about your medication needs.

Friendly, Knowledgeable Billing Specialists

- **Cost Management** - We coordinate directly with your physicians and insurance company to ensure minimal out-of-pocket medication costs. Unlike a retail pharmacy, we bill medications monthly, and our local billing staff is always ready to answer your billing-related questions.
- **Medicare Benefits Review** - We help you understand your Medicare benefits and offer consultations to help you select a plan that best fits your needs, often saving you money.

Experienced Senior Care Pharmacists

- **Medication Reviews** - Our pharmacists perform ongoing medication reviews to ensure your medication combinations are safe and appropriate for you.
- **Expert Clinical Care** - They also provide expert clinical support to your community's staff and are always available to answer your medication-related questions.

We are very excited for the opportunity to serve you. If you have any questions, please contact us at 623-815-8965.

Sincerely,

John Saliba

President, Saliba's Extended Care Pharmacy



WHY USE SALIBA'S?

Our pharmacy is different. As a specialty long-term care (LTC) pharmacy, we are entirely focused on serving communities like yours.



COMPLIANCE PACKAGING

Easy-to-use packaging options, required by your community, organize your medications by day and time, minimizing the risk of error.



TIMELY DELIVERIES

Scheduled and emergency deliveries to your community 24/7/365, saving you time and eliminating trips to the local pharmacy.



INTEGRATED TECHNOLOGY

Our pharmacy system is connected to your community's electronic medication administration record (eMAR), ensuring medication safety and accuracy.

SCAN TO LEARN MORE





Saliba's Extended Care Pharmacy (Phoenix)
925 E. Covey Lane
Phoenix, AZ 85024
Phone: (623) 815-8965 | Fax: (623) 815-1222
salibaspharmacy.com

PHARMACY SERVICES & PURCHASE AGREEMENT

between Saliba's Extended Care Pharmacy (Phoenix), LLC and _____
(Full Resident Name)

Resident Information & Prescription Drug Insurance

Social Security Number _____ Date of Birth ____ / ____ / ____ Medicare ID # _____

Community/Facility Name & Address _____

Primary Care Physician _____ Physician Phone _____ ☐ MALE ☐ FEMALE

ALLERGIES? ☐ YES ☐ NO If yes, please list here _____

Primary Insurance Information

Prescription Insurance Plan _____ Cardholder ID # _____ RX Group # _____

RX BIN# _____ PCN# _____ Relationship to Cardholder: ☐ SELF ☐ SPOUSE ☐ OTHER

A photocopy of the insurance card (front and back) must be included for the pharmacy to process insurance.

Additional Insurance? Please provide information here.

Prescription Insurance Plan _____ Cardholder ID # _____ RX Group # _____

RX BIN# _____ PCN# _____ Relationship to Cardholder: ☐ SELF ☐ SPOUSE ☐ OTHER

Contact Information

Primary Contact/Responsible Party

Name: _____ Phone: _____ (Home/Cell) Email: _____

Address (statement will be mailed to this address): _____
(Street) (City) (State / Zip)

Secondary/Additional Contact

Name: _____ Phone: _____ (Home/Cell) Email: _____

Address: _____
(Street) (City) (State / Zip)





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Please review the following statements.

- The Resident/Responsible Party agrees to pay for any purchases made from Guardian Pharmacy, either directly or by facility personnel on the Resident's behalf, and agrees to pay the full invoice amount by the invoice due date.
- Resident/Responsible Party agrees that Guardian Pharmacy will bill the credit card or banking information listed below if payment is not received by the invoice due date.
- Resident/Responsible Party understands and agrees that Guardian Pharmacy will discontinue service if payment is past due and may send to collections and/or report to credit reporting agencies. A finance charge of 1.5% per month may be charged on balances over 30 days past due.
- Some commercial insurance plans do not cover Long Term Care (LTC) Services. If your plan does not cover these services, Resident/Responsible Party agrees to pay the fee for LTC services received that may be reflected on your invoice.
- Resident/Responsible Party understands that the use of Guardian Pharmacy as a provider of pharmaceuticals and other related services is optional.
- I consent to allow Guardian Pharmacy, its agents, and assignees to contact me by email, phone, and SMS message communication using any contact information that I have provided to Guardian Pharmacy, the physician or facility, for purposes related to my care including treatment, insurance benefits, payment, collections, or operations.

Please initial to acknowledge the above _____

Notice of Privacy Practices & Patient Bill of Rights

☐ I certify that I have had an opportunity to review Guardian's Privacy Notice at the below listed internet link and ask questions to assist me in understanding the rights relative to the protection of the above-named person's health information. <https://guardianpharmacy.com/hipaa-privacy-policy/>

☐ I certify that I have had an opportunity to review Guardian's Patient Bill of Rights at the below listed internet link and ask questions to assist me in understanding the rights relative to the protection of the above-named person's health information. <https://guardianpharmacy.com/bill-of-patient-rights/>

Pharmacy Services Opt-Out

Your community has chosen Guardian Pharmacy as its preferred pharmacy because of the outstanding level of care and service we provide to our residents. However, the Centers for Medicare and Medicaid Services (CMS) guarantees a beneficiary his or her right to a choice of pharmacy providers. We sincerely hope you choose Guardian Pharmacy as your provider, but we will honor your choice if you prefer another provider.

☐ I accept the legal terms and conditions and select to "opt-in" and accept the services provided by Guardian Pharmacy

☐ I do NOT wish to receive medications from Guardian Pharmacy and would like to "opt-out" or decline the services provided by Guardian Pharmacy.

Resident or Responsible Party Signature: _____





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Phone: (623) 815-8965 | Fax: (623) 815-1222
salibaspharmacy.com

Payment Information

Please fill out one of the boxes below to provide Banking (preferred) or Credit Card information or select the statement below if applicable.

☐ I receive low-income government assistance to help pay for my prescription co-pays

Banking Information:	Type of Card (circle): Visa / MasterCard/ AMEX / Discover
Bank Name: _____	Cardholder Name: _____
Bank Routing Number: □□□□□□□□	Billing Address: _____
Bank Account Number: □□□□□□□□□□□□□□ (Number of digits varies by banking entity)	<input type="checkbox"/> Check if the billing address is same as primary contact above
Name on Account: _____	Card #: □□□□□□□□□□□□□□□□
	Expiration: □□/□□ Security Code: □□□□

Please select one of the following payment options:

- ☐ I want to enroll in automatic payment processing using the information provided above and I authorize Guardian Pharmacy to collect payment for charges not paid by my insurance company. Automatic payments will be processed based on the invoice due date.
- ☐ I will manually submit monthly payments by the invoice due date and authorize Guardian Pharmacy to bill the payment method above if payment is not received by the invoice due date.

Resident or Responsible Party Signature: _____

Thank you for choosing to use Guardian Pharmacy!

Learn more at <https://guardianpharmacy.com/>



Important Changes to Your Medicare in 2026



EXAMPLE OF A 2026 MEDICARE DRUG COVERAGE JOURNEY

COVERAGE STATUS <i>You/Medicare</i>	Your Drug Costs	Your True Out-of-Pocket Costs
Deductible Phase <i>You pay all/Medicare pays none</i>	\$0 - \$615	\$0 - \$615
Initial Coverage Phase <i>You pay 25%/Medicare and the manufacturer pay 75%</i>	\$615 - \$2,100	\$615 - \$2100
Catastrophic Coverage Phase <i>You pay \$0 for formulary medications</i>	Over \$2,100	\$0

* The example above shows 2026 calendar year costs for covered drugs in a Medicare-approved plan with the standard \$615 deductible. Your out-of-pocket costs may vary, since each Medicare drug plan is structured differently with varying deductibles and copays.

WHAT DOES THIS MEAN FOR YOU?

True Out-of-Pocket (TrOOP) Costs: Beginning in 2026, the annual out-of-pocket spending cap will be increasing to \$2,100, up from \$2,000 in 2025. This means that you will spend slightly more before entering the catastrophic coverage phase.

In 2026, your Medicare coverage will have three phases:

- **Deductible Phase:** If your Medicare plan requires a deductible, you'll pay 100% of your drug costs until you reach the deductible, which is \$615 for 2026.
- **Initial Coverage Phase:** During the initial coverage phase, you'll pay 25% coinsurance for covered drugs, after meeting your deductible. The initial coverage phase ends when you reach your annual out-of-pocket spending cap of \$2,100.
- **Catastrophic Coverage Phase:** If you reach your \$2,100 out-of-pocket spending cap, you'll pay nothing for formulary medications for the remainder of the calendar year.

Ways To Save

- **Consider switching to generic, over-the-counter (OTC), or other lower-cost drugs.** Ask your doctor about generic, OTC, or less-expensive brand-name drugs that would work just as well as the ones you're taking now. Switching to lower-cost drugs can save you hundreds or thousands of dollars a year.
- **Explore National and Community-Based Charitable Programs.** These might offer assistance (such as the National Patient Advocate Foundation or the National Organization for Rare Disorders). These organizations may have programs that can help with your drug costs. Comprehensive information on federal, state, and private assistance programs in your area is available on the Benefits Check Up website, please visit benefitscheckup.org.
- **Look into Pharmaceutical Assistance Programs.** Many of the major drug manufacturers offer programs, sometimes called Patient Assistance Programs, for people enrolled in a Medicare drug plan. You can find out whether a Pharmaceutical Assistance Program is offered by the manufacturers of the drugs you take by visiting medicare.gov/basics/costs/help/drug-costs.
- **Look at State Pharmaceutical Assistance Programs (SPAP).** Many states offer some type of coverage to help people with Medicare costs, including drug plan premiums and/or cost sharing. You can find out if your state has a State Pharmaceutical Assistance Program by visiting medicare.gov/basics/costs/help/drug-costs.
- **Apply for Extra Help.** If you have Medicare and have limited income and resources, you may qualify for extra help paying for your prescription drugs. Contact Social Security by visiting ssa.gov or calling 1-800-772-1213. TTY users should call 1-800-325-0778.
- **NOTE:** Not all expenses will count toward your out-of-pocket costs. After you have paid \$2,100 out-of-pocket for medications in 2026, almost all of your drug costs will be covered. If you want to switch to a plan that offers additional coverage, you can do so during Annual Open Enrollment between October 15th and December 7th each year. Your coverage will begin on January 1 of the following year.

3 Easy Ways to Get More Information and Potentially Save Money:

1. Connect with a Guardian Benefits Navigator at guardianpharmacy.com/contact-benefits-navigator
2. Connect with a licensed insurance agent by calling 833-540-0264. Let the representative know you are a Guardian Pharmacy customer.
3. Get started comparing plans online today at navigatemyicare.com/guardian or visit us at guardianpharmacy.com/medicareoptions for more information.

Questions About Medicare?

We're here to help connect you with the right resources.
To get started, visit us at
guardianpharmacy.com/medicareoptions



Billing FAQs

1. Why do you bill for a 28 day supply instead of a 30 or 90 day supply?

We provide a cycle fill for patients, where their scheduled medications are delivered every 28 days. This approach focuses on ensuring that all medications taken regularly in pill form are supplied in advance for the entire month. This helps maintain consistent treatment and reduces the need for frequent resupply. Medications that are taken on an as-needed basis or those in non-pill forms (such as creams, inhalers, or injections) are not included in the cycle fill. These medications are dispensed separately as requested by the facility, based on the patient's specific needs. By using the 28-day cycle fill, caregivers save significant time by not needing to reorder medications frequently. This allows them to focus more on resident care, improving the quality of service and patient outcomes

2. What is a cycle fill?

A cycle fill is a pharmacy process where all of the scheduled medications, typically in pill form, for all patients at a specific facility are delivered on the same day, and this happens on a regular 28-day cycle. The purpose of this process is to ensure that each patient receives their medications in advance for the upcoming month, making medication management easier for both healthcare providers and patients.

3. I already paid the facility, why am I now receiving a bill from Saliba's?

Unless a patient is staying at a skilled nursing facility under an authorized Medicare A stay, the responsibility for paying for medications sent to the facility falls to the patient or their POA. Unless the facility has specifically instructed us to bill them directly for the patient's medications, the patient or POA is expected to cover the costs for any medications provided during their stay.

4. Why was I billed for full cycle fills twice in the same month?

Cycle fill is billed every 28 days and since there are more than 28 days in each month, each year each home falls into a month where we bill at the very beginning and again 28 days later we bill again for the next cycle fill before the end for that month. For example, if we billed on January 1st we would need to bill again on January 28th for the next cycle fill. Because some months have more than 30 days, this would still happen if we sent all the medications every 30 days.

5. Why did you send a partial quantity and then a full cycle fill?

The cycle fill process may involve additional billing outside the regular 28-day cycle if there are changes in a patient's medication regimen or if a patient leaves and returns to the facility. If a new medication is added to the cycle fill in between the facility's regular scheduled deliveries, we will fill a **partial supply** of that medication for the remaining days until the next scheduled cycle fill. When a patient begins receiving cycle fill medications between the regular cycle fill deliveries, we will process their medications for the appropriate period, again ensuring they receive their required medications. When a patient leaves the

facility (e.g., for a hospital stay) and returns, medications are often disposed of due to facility policies. As a result, the medications are considered to have been "lost," and we must refill them upon the patient's return to the facility, even if this happens between the regular cycle fill dates.

6. Was my insurance billed?

If we have your insurance on file, we will make every attempt to submit our claims to them. The explanation of benefits that is provided by your insurance company should match the bills you receive from us but if they ever don't or you are unsure if we are using the correct insurance, please call our billing staff who will be happy to assist you.

7. Isn't Medicare supposed to cover my medications?

Medicare A and B cover hospital and doctor visits, skilled nursing stays, and durable medical equipment. Medicare D covers medications and is a separate benefit that you must sign up for in order to utilize.

8. I thought I wasn't supposed to have co-pays since I'm on AHCCCS?

Your co-pays are determined by the low income subsidy put in place for you in the Medicaid system. If you find yourself unable to pay the co-pays you are responsible for, you will need to contact your AHCCCS case manager to see if there is anything else they can do.

9. What resources are available to help me pay for my medications?

The Partnership for Prescription Assistance at 1-888-477-2669 or www.pparx.org can tell you which state, federal, and drug assistance programs are available to you. You can also try contacting Social Security at 1-800-772-1213 or www.ssa.gov to see if you qualify for "Extra Help"

10. Can I make payments?

Please call our billing team to discuss your specific situation.

11. How do Medicare D plans work?

When a patient has a Medicare D plan, they may start the year paying a deductible. This is usually added to the cost of the patient's brand name medications. No Medicare drug plan may have a deductible more than \$590. Some Medicare drug plans have no deductible. 2025 Medicare Part D plans have three phases:

Elimination of the Coverage Gap (Donut Hole): The coverage gap phase, also known as the 'donut hole', will be eliminated in 2025. This will simplify your plan into three phases:

- **Deductible Phase:** If your Medicare plan requires a deductible, you'll pay 100% of your drug costs until you reach the deductible, which is \$590 for 2025.
- **Initial Coverage Phase:** During the initial coverage phase, you'll pay 25% coinsurance for covered drugs, after meeting your deductible. The initial coverage phase ends when you reach your annual out-of-pocket spending cap of \$2,000.
- **Catastrophic Coverage Phase:** If you reach your \$2,000 out-of-pocket spending cap, you'll pay nothing for formulary medications for the remainder of the calendar year.

Notice of Privacy Practices

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

Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson will ask you to sign an Acknowledgement that you have received this Notice of Privacy Practices (Notice). This Notice describes how Guardian Pharmacy of Arizona may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and Guardian Pharmacy of Arizona's duties with respect to protected health information about you.

Section A: Uses and Disclosures of Protected Health Information

1. Treatment, Payment and Health Care Operations
 - a. We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic or via facsimile. This will include receiving prescription orders so that we may dispense prescription medications. We may also share information with other health care providers who are treating you to coordinate the different things you need, such as medications, lab work or other appointments. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.
 - b. We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverage.
 - c. We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.
2. Permitted or Required Uses and Disclosures
 - a. Our pharmacists, using their professional judgment may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your health care. This includes allowing such persons to pick up filled prescriptions, medical supplies or medical records on your behalf.
 - b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
 - c. Under certain circumstances Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:
 - i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.
 - ii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
 - iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson's licensure and for monitoring of health care systems.

- v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
 - vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
 - vii. Whenever required to do so by law.
 - viii. To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
 - ix. To Funeral Directors to carry out their duties
 - x. To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
 - xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
 - xii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
 - xiii. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
 - xiv. As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
 - xv. To authorize officials for intelligence, counter intelligence and other national security activities authorized by law.
 - xvi. To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
 - xvii. To a government authority, such as social service or protective services agency, if Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.
3. Authorized Use and Disclosure
- a. Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written Authorization in advance. You may revoke any such Authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your Authorization.
4. More Stringent Laws
- a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice for the laws that may apply.

Section B: Patient's Rights

5. Restriction Requests
- a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third -party payer or limitations on which persons may be considered personal representatives.

- a. Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson is not required to accept restrictions other than payment related uses not required by law that have been paid in full by the individual or representative other than a health plan.
 - b. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
 - c. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
2. **Alternative Means of Communication**
 - a. You have a right to receive confidential communications of protected health information by alternate methods or at alternate locations upon reasonable request. Examples of alternatives may be sending information to a phone or mailing address other than your home.
 - b. Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson shall make reasonable accommodation to honor requests.
 - c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
3. **Access to Health Information**
 - a. You have a right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
 - b. You have the right to request that your protected health information be provided to you in an electronic format if available.
 - c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
 - d. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
 - e. Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.
4. **Amendments to Health Information**
 - a. If you believe that your protected health information is incomplete or incorrect, you may request an amendment to your records. You may request amendment to any records for as long as we maintain your records.
 - b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
 - c. Requests must include a reason that supports the amendment to your health information.
 - d. Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson may deny amendment requests in certain cases. In case of denial, you have the right to submit a Statement of Disagreement. We have the right to provide a rebuttal to your statement.
5. **Accounting of Uses and Disclosures**
 - a. You have the right to request an accounting of uses and disclosures that are not for treatment, payment or health care operations. This accounting may include up to the six years prior to the date of request and will not include an accounting of disclosures to yourself, your personal representatives or anything authorized by you in writing. Other restrictions may apply as required in the Privacy Rule.
 - b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
 - c. The first accounting in any 12-month period will be provided to you at no cost. Any additional requests within the same 12-month period will be charged a fee to cover the cost of providing the accounting. This fee amount will be provided to you prior to completing the request. You may choose to withdraw your request to avoid paying this fee.
6. **Notice of Privacy Practices**

- a. You have a right to receive a paper copy of this Notice even if you previously agreed to receive a copy electronically.
- b. Please submit a request to the Privacy Officer listed in Section D of this Notice.

Section C: Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson's Duties

Guardian Pharmacy of Arizona is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Guardian Pharmacy of Arizona is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.

Section D: Contacting Us

1. Additional Questions, Submitting Requests or Complaints
 - a. If you have questions about this Notice or how Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson uses and discloses your protected health information please contact our Privacy Officer below.
 - b. You may obtain forms needed for request submission from our pharmacy or from our Privacy Officer.
 - c. If you believe your privacy rights have been violated you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

2. Privacy Officers

Nicole Zuccaro
Guardian Pharmacy of Arizona
925 E Covey Lane
Phoenix, AZ 85024
(623) 815-8965

Nicole Zuccaro
Guardian Pharmacy of Tucson
10900 N Stallard Place, Suite 120
Oro Valley, AZ 85737
(520) 818-2883

3. Secretary of Health and Human Services, Office for Civil Rights
 - a. For online complaint forms and contact information for the Regional OCR offices: [http:// www.hhs.gov/ocr/ privacy/ index.htm l](http://www.hhs.gov/ocr/privacy/index.html)
 - b. Email: OCRComplaint@hhs.gov for assistance or questions about complaint forms

Section E: State Specific Requirements

None

Version# 0323787-PMS-2013-2.0

Effective Date

This Notice of Privacy Practices is effective as of 01-01 -2019

Acknowledgment of Notice of Privacy Practices

I hereby acknowledge that I received Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson's Notice of Privacy Practices.

_____ Name of Patient (Please Print)	____/____/____ Date of Birth
_____ Signature of Patient or Persona l Representative	____/____/____ Date
_____ Name of Personal Representative (Please Print)	_____ Relationship to Patient

Documentation of Good Faith Effort to obtain acknowledgment of receipt of Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient)

I certify that on ____/____/____ mm/dd/yyyy), made a good faith effort to obtain the above patient's written acknowledgement of his/her receipt of Guardian Pharmacy of Arizona | Guardian Pharmacy of Tucson Notice of Privacy Practices. However, such acknowledgment was not obtained because:

- ☐ Patient refused to sign
- ☐ Patient was unable to sign or initial because:
- _____
- ☐ The Patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- ☐ A copy of the Notice was **MAILED/ E-MAILED** (circle one) to most recent address on file.
- ☐ Other Reason: _____

_____ Printed name of employee completing form	____/____/____ Date
_____ Signature of employee completing form	

**Per HIPAA documentation requirements, pharmacy must keep the patient's signature acknowledging receipt of Notice of Privacy Practices for a minimum of six years.*

