



“Where Personal Service is Powerful Medicine”

Dear Resident and Family,

Hello and Welcome!

Please allow me to introduce our Pharmacy and myself. My name is Courtney Doherty Oland; I am a pharmacist and President of Guardian Pharmacy of Maine. On behalf of the team, we are honored to be a preferred provider of pharmacy services in the community in which you or your family member lives.

Guardian Pharmacy of Maine is located in Brunswick and is a locally owned member of the Guardian Pharmacy family of pharmacies. I am a proud member of the ownership group here in Maine. Our team of 60+ employees has more than 300+ years of combined Long Term Care Pharmacy Experience.

Please allow me to highlight some things that make us unique:

- **Daily delivery** – 7 days a week is free and part of the Guardian of Maine service offering.
- **24-hour availability** – including an **On Call Pharmacist** – to assist the community in managing emergency needs.
- **Pharmacists who specialize in Elder Care** closely monitor all orders for appropriateness, compatibility and safety.
- **Fully Integrated** with many of the community **Electronic Medical Records** – to insure safety and appropriate oversight of medication management.
- **Clinical Pharmacists who provide both on site and consulting services to the community and work in the pharmacy operation in Brunswick.** This is unique to Guardian Pharmacy of Maine and we feel this allows us to provide the highest level of service to our communities and customers. The consultant visits the community regularly and our entire team can provide clinical and regulatory support.
- We deliver medications in **Specialized Packaging** - Bingo Card or Multidose Pouches – to ensure safety and compliance. This is provided at no additional cost.
- **OTC Saver Program** – If not provided by the community, we can provide a list of over the counter medications available for the low price of \$3.49 for up to a months supply. (ask the community or call us for the list so that you can contact the provider to coordinate OTC orders)

Guardian Pharmacy of Maine, LLC
3 Business Parkway Ste #2
Brunswick, ME 04011
Phone: 207-373-9077 • Fax: 207-373-9088



“Where Personal Service is Powerful Medicine”

- **On site, Pharmacy Billing Specialists** who work to get medications covered and maximize insurance coverage by intervening on behalf of the customer to get prior authorization (PA) initiated. These specialists have saved our customers \$1.5 million dollars annually, reducing monthly pharmacy cost by an average of \$300/ per patient) Billing Specialist are available 7 days a week to assist you with coverage questions and billing support.

We provide all services from one location, which means better service for you! One phone number to call.

While residents and families have the right to choose their pharmacy provider, we stress that State and Federal Regulations place increased responsibility for accurate medication administration on communities. All communities must define uniform standards for labeling, packaging, storage, ordering and administering medications safely. These standards are essential to providing medication management safely & accurately. The added challenges of COVID – 19 have only served to reinforce the need to have a preferred pharmacy provider for the entire community so that infection control and prevention procedures are solidly in place. At Guardian Pharmacy of Maine, we have been on the front lines since the beginning updating our procedures to support the communities with whom we collaborate. We have and will maintain / update our COVID -19 precautions as needed.

Please feel free to visit our web site www.guardianpharmacymaine.com to read a little about our story and meet my team.

Thank You for this opportunity and Welcome!

Courtney Doherty Oland R.Ph. MBA – President

Guardian Pharmacy of Maine, LLC
3 Business Parkway Ste #2
Brunswick, ME 04011
Phone: 207-373-9077 • Fax: 207-373-9088

RESIDENT ENROLLMENT FORM



RESIDENT INFORMATION

RESIDENT NAME _____
[FIRST] [MIDDLE INITIAL] [LAST]

SSN# - - DOB / / MEDICARE ID# _____ MALE FEMALE

COMMUNITY NAME _____ APT# _____

PRIMARY CARE PHYSICIAN _____ PHYSICIAN PHONE _____

DRUG ALLERGIES _____

PRESCRIPTION DRUG INSURANCE

PRESCRIPTION INSURANCE PLAN _____ CARDHOLDER ID# _____

RX GROUP# _____ RX BIN# _____ PCN# _____

RELATIONSHIP TO CARDHOLDER: SELF SPOUSE OTHER _____

**A PHOTO COPY OF THE INSURANCE CARD [FRONT AND BACK] MUST BE INCLUDED FOR THE PHARMACY TO PROCESS INSURANCE*

RESPONSIBLE PARTY INFORMATION

PRIMARY _____ RELATIONSHIP TO RESIDENT _____
[FIRST] [LAST]

PHONE _____ HOME CELL EMAIL _____

ADDRESS* _____
[STREET] [CITY] [STATE] [ZIP CODE]

**MONTHLY STATEMENTS WILL BE MAILED TO THIS ADDRESS*

SECONDARY* _____ RELATIONSHIP TO RESIDENT _____
[FIRST] [LAST]

PHONE _____ HOME CELL EMAIL _____

**SECONDARY MUST BE COMPLETED IF RESIDENT IS LISTED AS PRIMARY CONTACT*



RESIDENT ENROLLMENT FORM

PAYMENT INFORMATION

A valid credit card or ACH payment method is required to be enrolled in our auto payment option. Please fill out one of the boxes below based on your preferred payment method.

ACH / Checking Account

NAME OF BANK _____ NAME ON ACCOUNT _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Credit Card

TYPE OF CARD (circle): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD _____ CARD NUMBER _____

BILLING ADDRESS _____ EXPIRATION (MMYY) ____/____

SECURITY CODE _____

*VISA/MC/DISCOVER: 3 digits on back of card

*AMEX: 4 digits on front of card

Please select an option below and sign.

- I wish to pay automatically by credit card each month – please enroll me in auto-pay.
- I wish to pay automatically by electronic check each month – please enroll me in auto-pay.
- I will mail in payment by check each month, pay monthly via online credit card/ACH portal*, or call to pay by phone each month, promptly after receipt of Guardian’s statement. **

*If using the online credit card/ACH portal, you may enroll yourself for automatic payments

**If payment is not received from resident within 60 days, Guardian will attempt to contact the responsible party. After which, if payment still has not been received, payment will be drafted from ACH account or credit card on file. ACH account or credit card will only be used after Guardian notifies responsible party of non-payment of an outstanding balance. Guardian reserves the right to withhold services if payment is 90 days or more past due and no good faith effort has been made to bring the balance current. Payments that remain delinquent may be turned over to collections and reported to credit reporting agencies.

RESIDENT OR RESPONSIBLE PARTY SIGNATURE _____

Date

PHARMACY SERVICES AGREEMENT

GUARDIAN PHARMACY OF MAINE
3 BUSINESS PARKWAY SUITE 2 BRUNSWICK, ME 04011
207-373-9077 phone | 207-373-9088 fax



This is an agreement for pharmacy services with GUARDIAN PHARMACY OF MAINE and

And

[RESIDENT]

[RESPONSIBLE PARTY]

In exchange for GUARDIAN PHARMACY OF MAINE's agreement to provide me with medications, I agree to the following terms and conditions:

- AUTHORIZATION FOR MEDICAL TREATMENT.** I authorize GUARDIAN PHARMACY OF MAINE, at the direction of my physician, to provide medications to me. I certify that no guarantee or promise, express or implied, has been made to me in conjunction with the medications that have been prescribed for me.
- MEDICAL RESPONSIBILITY.** I understand that I am under the supervision and control of my attending physician and that my physician has prescribed the medication therapy that is being supplied by GUARDIAN PHARMACY OF MAINE. GUARDIAN PHARMACY OF MAINE does not provide diagnostics, prescriptions, products, or other functions unless otherwise authorized in writing by a physician. Accordingly, I understand that it is solely the responsibility of my physician to advise me on prescription medications and therapies, including why they are part of my treatment and how they may impact my condition.
- FACILITY INVOLVEMENT.** I understand and agree that in order to provide me with the best treatment possible, GUARDIAN PHARMACY OF MAINE may share health information related to my medical condition, treatment, medication regimen, etc. with my long-term care facility or any of my treating physician. In recognition of this need, I authorize GUARDIAN PHARMACY OF MAINE to share any necessary patient health information related to me with my facility or physician. I also authorize facility personnel to order medications, or other health care products that I may need, on my behalf.
- FINANCIAL RESPONSIBILITY.** In consideration of GUARDIAN PHARMACY OF MAINE supplying me with physician-requested products or services, I agree and accept responsibility for the payment of all sums that may become due for medications provided to me by GUARDIAN PHARMACY OF MAINE. If, for any reason, GUARDIAN PHARMACY OF MAINE does not receive payment from my insurer or a third-party payor that is obligated to pay for my medications, I do hereby agree to pay GUARDIAN PHARMACY OF MAINE directly for the unpaid balance within thirty (30) days of each monthly statement date. A credit card may be required to secure your account.
- PAYMENT OF BENEFITS.** I authorize GUARDIAN PHARMACY OF MAINE to submit a claim(s) to my insurance carrier or a third-party payor that is obligated to pay for all covered prescriptions or durable medical equipment. I further direct my insurance carrier or third-party payor to issue any payments directly to GUARDIAN PHARMACY OF MAINE.
- ASSIGNMENT OF BENEFITS.** I authorize GUARDIAN PHARMACY OF MAINE to request and collect on my behalf all public and private benefits due for the products and services supplied by GUARDIAN PHARMACY OF MAINE. In the event any payments are made directly to me, I agree to promptly endorse and forward such payment to GUARDIAN PHARMACY OF MAINE.
- UNPAID INVOICES.** GUARDIAN PHARMACY OF MAINE encourages residents to keep their accounts in good standing. However, if my account becomes past due, I agree that any amounts outstanding for more than thirty (30) calendar days shall bear interest from the due date of such invoice, at the lesser of one and a half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs or expenses incurred by GUARDIAN PHARMACY OF MAINE related to collection efforts, including reasonable attorneys' fees and court costs.
- WITHHOLD SERVICES.** GUARDIAN PHARMACY OF MAINE reserves the right to discontinue services to my account if I have not paid the account in full within 90 days. Payments that remain delinquent may be turned over to collections.
- RELEASE OF INFORMATION.** I authorize any insurer or third-party payor who provides me with coverage to disclose to GUARDIAN PHARMACY OF MAINE any information regarding such coverage, including but not limited to the scope and extent of coverage available, as well as information related to any payments made on my behalf for services rendered by GUARDIAN PHARMACY OF MAINE. I also authorize all medical personnel to disclose information to GUARDIAN PHARMACY OF MAINE relating to my medical history as it related to pharmacy services or therapy.
- HIPAA AUTHORIZATION.** I give permission to GUARDIAN PHARMACY OF MAINE to use or disclose certain aspects of my health information to: the individual listed as my personal representative, my long-term care facility, federal and state health agencies, insurance companies, third-party data aggregators, pharmacy benefit managers, and other health-related agencies.

Signature [Resident or Responsible Party]: _____ Date: _____



NOTICE OF PRIVACY PRACTICES [<http://guardianpharmacymaine.com/files/2017/09/Notice-of-Privacy-Practices.pdf>]

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S privacy practices and have been given an opportunity to review the document and ask questions to assist my understanding of resident's rights relative to the protection of resident's health information. I know that I can access the Notice of Privacy Practices on the Guardian Pharmacy website at [<http://guardianpharmacymaine.com/files/2017/09/Notice-of-Privacy-Practices.pdf>]. I further acknowledge that I am satisfied with the explanations provided to me and am confident that GUARDIAN PHARMACY OF MAINE is committed to protecting my health information. I certify that I have read and understand this agreement:

NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S Notice of Non-Discrimination and Complaint Procedures and have been given an opportunity to and did review the document including the free disabilities aids and language services available and was given an opportunity to ask questions to assist my understanding of it. I am confident I understand my rights and my options if I believe I have been discriminated against or guardian has failed to provide certain services.

INJURY, INFECTION AND EMERGENCY PREPAREDNESS

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S Injury, infection, and emergency preparedness protocol and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

PAYMENT INFORMATION

I certify that I have received a copy of GUARDIAN PHARMACY OF MAINE'S payment information and understand the available ways to pay my bills and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

I UNDERSTAND AND HAVE REVIEWED THE NOTICE OF PRIVACY PRACTICES, THE NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES, INFECTION AND EMERGENCY PREPAREDNESS, AND THE PAYMENT INFORMATION DOCUMENTS AND AGREE TO BE BOUND BY THEM.

Signature [Resident or Responsible Party]: _____ **Date:** _____

NOTICE OF NON-DISCRIMINATION



Guardian Pharmacy, LLC and its related entities, including Guardian Pharmacy of Maine, comply with applicable federal, state and civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected status. In addition, Guardian:

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

- Auxiliary aids and services
- Written information in other formats

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact Guardian Pharmacy of Maine at 207-373-9077.

If you believe that Guardian has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other protected status, you can file a grievance with *Guardian's Compliance Department* by calling 1-866-827-5477.

If you feel your concern is not addressed you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

COMPLAINT PROCEDURES

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services.

The telephone number is 1-866-827-5477; when you call you will be directed to a compliance specialist.

If you follow this process, we will ensure your concerns will be reviewed, investigated and responded to in accordance with state and federal regulations.

MEDICARE PATIENTS

If your concern is not addressed, you can file a complaint/or speak to a customer service representative at Medicare by calling 1-800-MEDICARE or 1-800-633-4227

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 Guardian Pharmacy of Maine 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 personal care products.
- 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 Guardian Pharmacy, LLC and its related entities would be reported to all authorities (state, local payer, accreditation provide as required). Guardian Pharmacy, LLC and its related entities reduces the risk through education and information provided to facilities, employees, and patients.

INFECTION CONTROL POLICY

Guardian Pharmacy, LLC 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

Guardian Pharmacy, LLC 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 Guardian Pharmacy, LLC 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. Guardian Pharmacy, LLC and its related entities will utilize every resource available to continue to service you. However, there may be circumstances where Guardian Pharmacy, LLC 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. Guardian Pharmacy, LLC and its related entities will work closely with authorities to ensure your safety.

NOTICE OF NON-DISCRIMINATION



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- Qualified interpreters
- Information written in other languages

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If you believe that Guardian has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other protected status, you can file a grievance with *Guardian's Compliance Department* by calling 1-866-827-5477.

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U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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If you follow this process, we will ensure your concerns will be reviewed, investigated and responded to in accordance with state and federal regulations.

MEDICARE PATIENTS

If your concern is not addressed, you can file a complaint/or speak to a customer service representative at Medicare by calling 1-800-MEDICARE or 1-800-633-4227

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 Maine will ask you to sign an acknowledgement that you have received this Notice of Privacy Practices (Notice). This Notice describes how Guardian Pharmacy of Maine may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and Guardian Pharmacy of Maine'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 Maine 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 Maine'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 authorized officials for intelligence, counterintelligence 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 Maine 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

1. 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.
- b. Guardian Pharmacy of Maine 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.
- c. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
- d. 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 Maine 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.
- d. Guardian Pharmacy of Maine 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 Maine 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 Maine's Duties

Guardian Pharmacy of Maine 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 Maine 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 Maine 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 Officer

Courtney Oland
Guardian Pharmacy of Maine
3 Business Parkway, Suite 2
Brunswick, ME 04011
207-373-9077 or 1-866-415-1954

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.html>
- b. Email: OCRComplaint@hhs.gov for assistance or questions about complaint forms

Version # 1161607-PAAS-2013-2.0

Effective Date

This Notice of Privacy Practices is effective as of September 23, 2013