

**ALTRU SPECIALTY
PHARMACY
WELCOME PACKET**



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By improving health and enriching lives, the specialty pharmacy at Altru Health System seeks to enhance patient care through the delivery of specialty pharmacy services that, in collaboration with other health care providers, improves patient overall health and well-being.



ACCREDITED
Specialty Pharmacy
12/01/2026

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ABOUT ALTRU SPECIALTY PHARMACY

Our specialty pharmacy team includes a group of expert staff. We work within the health care team to provide care centered on you. Our patients know us by name.

Specialty pharmacies focus on patient care. This includes disease management, drug monitoring, and helping to make sure medicines are taken as directed. Medicines at specialty pharmacies are high cost and complicated. Healthcare professionals at these pharmacies help patients with complex or rare conditions.

Joining this program is your choice. You may call us at any time to be removed from this program.



Contact Information

ALTRU SPECIALTY PHARMACY

1200 S. Columbia Road, Grand Forks, ND

Hours: Monday – Friday | 8 a.m. - 4:30 p.m.

Phone: 701.780.3451

Toll-free: 800.437.5373 Ext 3451

After-hours: 800.437.5373 Ext 5150

Website: altru.org/specialtypharmacy

Messaging: contact us on MyChart

Medicines can be picked up at Altru Retail Pharmacy.

ALTRU RETAIL PHARMACY *(open 365 days)*

Hours: Monday – Friday | 8 a.m. – 6 p.m.

Weekend/Holidays | 11 a.m. – 4 p.m. *(hours are subject to change)*

Phone: 701.780.3444

Altru Specialty Pharmacy is closed on:

- » New Year's Day (*January 1*).
- » Memorial Day (*Last Monday in May*).
- » Independence Day (*July 4*).
- » Labor Day (*First Monday in September*).
- » Thanksgiving Day (*Fourth Thursday in November*).
- » Christmas Day (*December 25*).
- » *Check altru.org for additional closures*

A pharmacist is available at all times for emergency pharmacy services.

Services and Support

Our specialty pharmacy program is a service given to patients at no cost to help you get the best results from your medicine. We provide you with:

- » Personalized care
- » Work with your insurance to save you time and money
- » Help with copays
- » Pharmacists and technicians trained in specialty pharmacy
- » Injection and medication training
- » Refill reminders and delivery
- » Educational and injection materials
- » Working with other members of your healthcare team

HOW TO GUIDE

Getting Started

Insurance

Your healthcare provider sends an order to our pharmacy. We help to find your insurance and work with your provider and insurance company to get your medicine covered. This is called a prior authorization.

The process may take up to 14 business days. Our staff contacts you and your healthcare provider when your medicine is approved.

Copay

We help with copay assistance programs if you cannot afford your medicine.

Medication Training

We set up a visit with a pharmacist. This can be done in person or over-the-phone. Joining our specialty pharmacy program is done during this visit. Our pharmacists set a date for you to start your medicine.

Delivery

We offer easy and fast delivery options at no cost to you.

Financial Assistance

Our team can help with assistance programs. These include coupons, foundations, and drug company assistance programs. We help you sign up for these programs if they are available.

Appeals Process

If your insurance does not cover your medicine, you may have the right to appeal this with your health plan. Our team can help you with this. Our staff works with both you and your healthcare provider to check if an appeal or change of medicine is best.

Refills

About 1 week before your next refill, our team contacts you. We refill your medicine and set up delivery. A pharmacist is there for any questions that you have.

Billing and Payment

Drug Claims

We bill your insurance company for you. We accept Medicare, Medicaid and most insurance plans. You may still have to pay some of the cost, this is called a "copay". You need to pay your copay every time your medicine is filled. Our staff tells you how much you need to pay. The cash price of your medicine is available if requested.

If our pharmacy is not in-network with your insurance, we work with you and your healthcare provider to send your prescription to another pharmacy.

Prescription Transfer

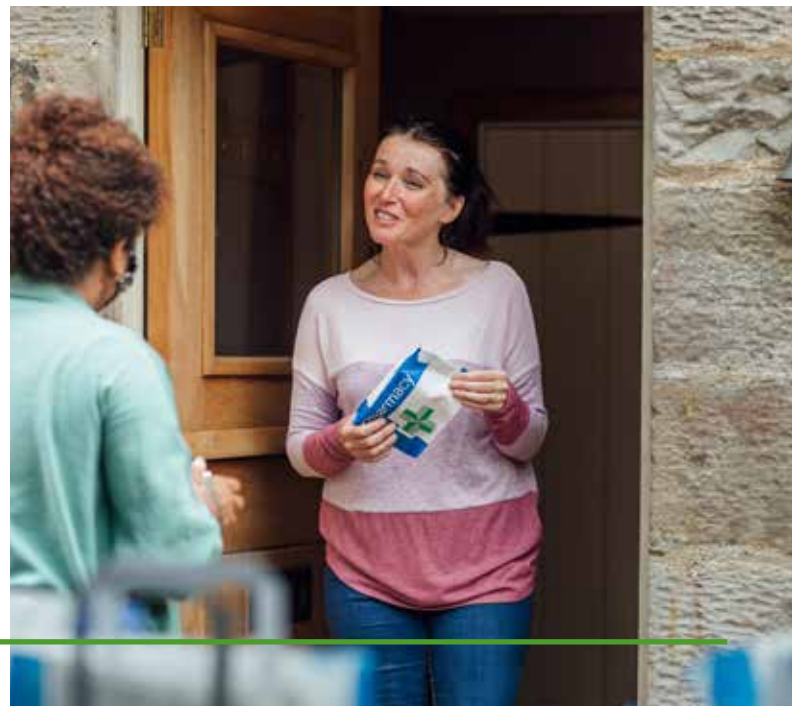
Please contact our pharmacy to have your prescription sent to another pharmacy. You will no longer be enrolled in our specialty pharmacy program if you transfer your prescription to another pharmacy.

Past Due Balances

Balances owed need to be paid before your next refill. We take Visa, MasterCard, American Express, and Discover credit cards. We also take most FSA and HSA, cash, and personal checks.

Payment Plan

If you need help with a payment plan for the money you owe, we are happy to set this up. Please call us for options.



PATIENT SAFETY



Patient Safety

Reporting Side Effects

Contact our pharmacy if you have questions about a side effect (unwanted, unexpected or dangerous reaction to a drug). Patients who have bad reactions, new medical symptoms, or other problems should contact their primary care provider, emergency room, or 911.

Order Status and Order Delay

We keep in contact with you during all steps of filling your medicine. We will contact you:

- » If we cannot find your insurance.
- » When your medicine has been approved or denied.
- » Before filling your medicine (new and refills).
- » Any time there is a delay.

Contact our pharmacy if you have concerns about your medicine, medicine errors, our services, delivery or other issues. We are happy to help you.

Safe Drug Disposal

Medicines can be a poison for children. Unused or expired medicine should be disposed of properly. Our pharmacy participates in the Drug Take Back Program. Contact Altru Retail Pharmacy for details at 701.780.3444. Our team tells you if your medicine needs to be disposed of in a special way.

Drugs taken at any drop off point include pills, tablets, capsules, creams, lotions, powders, inhalers, liquids, vitamins, and makeup.

To dispose of your medicines at home:

- » Take your medicines out of their original bottles.
- » Remove your information like you prescription number. You can also cover this with black marker or duct tape.
- » Mix drugs with cat litter or used coffee grounds.
- » Put this into a container with a lid, like an empty margarine tub or a sealed bag.
- » Place sealed container in the trash.
- » Do not flush.

Sharps Use and Disposal

Sharps is a term for items with sharp points that can cut skin. Sharps include needles, syringes, and lancets. Your medicine needs to be disposed of in a special way if it breaks the skin. This will stop someone else from getting a of needle stick.

Used sharps should be put in a sharps disposal container after use. These containers are made of strong plastic with puncture resistant sides, bottoms, and lids that do not leak. Our team gives you a sharps container at no cost.

Needle Stick Safety

If another person's blood or bodily fluids touch your eye, nose, mouth, or skin, or if an accidental needle stick occurs:

- » Wash the area with soap and water or use alcohol hand rub right away.
- » Get medical attention right away by calling your healthcare provider or healthcare facility.

Hand Washing

Germs are easily carried on hands and can be spread from person to person. Wash your hands often to help stop this spread. Hand cleaning can be performed 2 ways:

Alcohol hand rub:

- » A product that kills germs quickly on hands that look clean.
- » This product has alcohol in it and does not need water or towels for drying.

Soap and water:

- » Use when hands look dirty.
- » If you have a C. difficile infection.
- » Before eating and after using the restroom.

Hands should be cleaned:

- » Before you eat.
- » Before you touch your eyes, nose, or mouth.
- » After using the bathroom.
- » After blowing your nose, coughing, or sneezing.

Healthcare workers will clean their hands:

- » Every time they come into your room.
- » Before putting on gloves.
- » After taking off gloves.
- » After touching surfaces such as bed rails, computers, phones, etc.
- » Between touching you and another person.
- » We ask that you SPEAK UP if you do not see hand hygiene being done by your caregivers.

Emergency & Disaster

If there is a disaster in your area, please call our pharmacy. Tell us where to deliver your medicine to help prevent delays.

Patient Information

Specialty pharmacy patient management program participation rights and responsibilities

Patients have the right to:

- » Have personal health information shared with the patient management program following state and federal law.
- » Identify the staff member, including their job title
- » Speak with a leader if requested.
- » Speak with a health professional.
- » Receive information about the patient management program.
- » Choose not to participate or disenroll at any time.

The patient has the responsibility to:

- » Give correct clinical, contact, and insurance information. Notify the staff of changes in this information.
- » Notify their provider of enrollment in the patient management program.



PATIENT RIGHTS AND RESPONSIBILITIES

We value working with you to improve your care and services and encourage open communication, compassion and respectful partnerships. You are a part of your health care team, therefore it is important that you understand your rights and responsibilities.

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may voice concerns to:

- » Any Employee
- » Your care provider or physician
- » Manager of the clinic or hospital department
- » Patient Relations Department

We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint by notifying the Patient Relations Department by writing or calling:

Altru Patient Relations
P.O. Box 6002
Grand Forks, ND 58206
701.780.5055

You will be contacted by the Patient Relations Department to acknowledge receipt of your complaint.

The information will be reviewed internally, and a written response with the resolution will be sent to you within a reasonable time frame.
Altru1234

Should you choose not to use our complaint process, or if you are unable to resolve a concern/complaint to your satisfaction, you also have the right to contact:

North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
701.328.2352

Centers for Medicaid and Medicare Services
Rock Run Center
5700 Lombardo Center, Suite 100
Seven Hills, OH 44131
844.430.9504

Minnesota Department of Health Office of Health Facility/Complaint
P.O. Box 64970
St. Paul, MN 55164-0970
651.20.4201 or 800.369.7994

The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Fax: 630.792.5636
www.jointcommission.org
"Report a Safety Event"

If you received care at Altru Clinics in Devils Lake, Drayton, Erskine, Greenbush, Roseau, Thief River Falls or Warroad and should you choose not to use our complaint process, or if you are unable to resolve a concern/complaint to your satisfaction, you also have the right to contact:

The Compliance Team, Inc.
888.291.5353
www.thecomplianceteam.org

Quality Care

RIGHTS

Participate in the development and implementation of my plan of care including discharge planning and request a discharge planning evaluation

Receive the best and safest health care possible

RESPONSIBILITIES

Be an active, involved and informed member of my health care team

Ask questions when I do not understand the treatment course, care decisions or follow-up care

Follow instructions, policies, rules and regulations to support safe quality care

Dignity and Respect

RIGHTS

Dignified and respectful treatment based on my cultural, religious beliefs, personal values and preferences as able

Receive care in a clean safe and secure environment; free from any form of abuse, neglect, exploitation, harassment or discrimination

Request a chaperone be present when examined

Expect my personal privacy to be respected

Be free from seclusion and restraints unless clinically necessary

RESPONSIBILITIES

Treat all staff and other patients with dignity and respect

Be respectful of other patients, families, staff and the facility by not threatening, harming or destroying property

Be responsible for my valuables/belongings by sending them home with family/friends when possible. Altru Health System is not responsible for valuables/belongings

Communication

RIGHTS

Be informed of my health status and changes in my plan of care as they arise

Know the name of the primary provider responsible for my care as well as the identity and professional status of the people caring for me

Hear in a language I understand and be provided interpretation services free of charge

Have information explained to my satisfaction in terms I understand

Have a family member, representative and my physician notified of my hospital admission

Have a support person present during my stay and limit my visitors

Notify staff of any concern I may have with regard to my care; free from retaliation or barriers to service

RESPONSIBILITIES

Provide the name of a contact person to whom information can be released to

Give my caregivers clear, honest and accurate information about my health

Provide information that facilitates my care, treatment and services

Consent for Healthcare and Treatment

RIGHTS

Participate in my care, by asking questions and being provided information regarding the reason for treatment, associated risks, benefits and alternatives

Refuse treatment to the extent of the law and be informed of the medical consequences of my actions

Change my mind about any procedure for which I have given my consent

Know Altru Health System will honor my healthcare/advance directive when I am unable to make my own health care decision and be informed if it cannot be honored

Consult with a specialist, additional physicians, request a second opinion or be transferred to another facility knowing it could come to an extra cost to me as determined by my insurance

Request students and residents not be involved in my care

RESPONSIBILITIES

Ask questions until I feel I have all the information I need to make an informed health care decision

Accept the consequences of my actions if I choose not to participate in the recommended treatment plan

Provide Altru Health System with a complete and updated healthcare/advance directive

Make sure the person making health care decision on my behalf knows and understands my wishes

Information

RIGHTS

Confidentiality of all records and communications concerning my treatment to the extent provided of the law

Request amendments to my medical record or request a list of disclosures of my protected health information, as permitted under applicable law

Review or receive copies of my health record, except in limited circumstances

Request an explanation about all items on my bill

RESPONSIBILITIES

Be considerate of the privacy/rights of other patients and staff

To meet financial commitments

We encourage you and your caregivers to talk openly about your health and encourage you to ask these three questions:

1. What is my main problem
2. What do I need to do?
3. Why is it important for me to do this?

PHARMACY PATIENT'S BILL OF RIGHTS

Chapter 61-04-07-01

North Dakota pharmacies and pharmacists shall provide pharmaceutical care so that the patient has the following rights:

1. To professional care provided in a competent and timely manner in accordance with accepted standards of pharmacy practice.
2. To be treated with dignity, consistent with professional standards, regardless of manner of payment, race, sex, age, nationality, religion, disability, or other discriminatory factors.
3. To pharmaceutical care decisions made in the patient's best interest in cooperation with the patient's physician.
4. To have the pharmacist serve as one of the patient's advocates for appropriate drug therapy and to make reasonable efforts to recommend alternative choices in cooperation with the patient's physician.
5. To have the patient's pharmaceutical records maintained in an accurate and confidential manner and used routinely to maximize the patient's pharmaceutical care.
6. To receive health care information and to review the patient's records upon request.
7. To receive patient counseling, using the methods appropriate to the patient's physical, psychosocial, and intellectual status.
8. To have the patient's prescriptions dispensed and pharmacy services provided at a pharmacy of the patient's choice in an atmosphere that allows for confidential communication.
9. To have the patient's drug therapy monitored for safety and efficacy and to make reasonable efforts to detect and prevent drug allergies, adverse reactions, or contraindications.
10. To have the patient's drug therapy monitored for reactions, or contraindications.
11. To monitor the patient's compliance and proper drug use and to institute remedial interventions when necessary.
12. To have the pharmacy patient's bill of rights posted in a prominent place within the pharmacy readily visible to the patient.



NOTICE OF PRIVACY PRACTICES

Our information. Your rights. Our responsibilities. 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.**

YOUR RIGHTS

When it comes to your health information, you have certain rights. *This section explains your rights and some of our responsibilities to help you.*

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. You can print a copy from our website, altru.org.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us at 701.780.5000.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Minnesota: Office for Civil Rights
US Dept. of Health & Human Services
23 Michigan Avenue, Suite 240
Chicago, IL 60601

North Dakota: Office for Civil Rights
US Dept. of Health & Human Services
1961 Stout St. Room, 1426 FOB
Denver, CO 80294-3538

We will not retaliate against you for filing a complaint

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- » Share information with your family, close friends, or others involved in your care
- » Share information in a disaster relief situation
- » Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- » Marketing purposes
- » Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? *We typically use or share your health information in the following ways.*

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- » Preventing disease
- » Helping with product recalls
- » Reporting adverse reactions to medications
- » Reporting suspected abuse, neglect, or domestic violence
- » Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research projects.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- » For workers' compensation claims.
- » For law enforcement purposes or with a law enforcement official.
- » With health oversight agencies for activities authorized by law.
- » For special government functions such as military, national security, and presidential protective services.
- » For correctional institutions about inmates.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- » We are required by law to maintain the privacy and security of your protected health information.
- » We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- » We must follow the duties and privacy practices described in this notice and give you a copy of it.
- » We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date

This Notice of Privacy Practices is effective January 1, 2019.





Altru Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our website at altru.org. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.732.4277. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.732.4277. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.732.4277.