

CONSENT FOR SERVICES
Fax 208-323-8934 or mail first 3 pages to:
Innovative Care Pharmacy –
9196 West Emerald St. Ste. 110
Boise, ID 83704



PATIENT NAME: _____ DATE: _____

Building: _____

CONSENT FOR PHARMACY SERVICES

The services to be provided to me by Innovative Care Pharmacy have been explained to me. I understand that Innovative Care Pharmacy will be providing prescription medication and over the counter (OTC) medication and supplies as ordered by my attending physician. A qualified Pharmacist and quality assurance nurse will be responsible for the general supervision of the Facility's pharmaceutical services. More specifically, the Pharmacist and/or Nurse will:

- A. Assist the Facility in developing and updating the Facility's pharmacy policy and procedure manual.
- B. Supervise the Facility's procedures for the storage, control, and accountability of all drugs and biologicals to ensure that such drugs and biologicals are approved and dispensed in compliance with federal and state laws and the Facility's own policies and procedures.
- C. Review the drug regimen of each resident in the Facility monthly.
- D. Monitor each nursing station for proper storage and utilization of pharmaceuticals, monthly.
- E. Document activities, findings, and recommendations in writing after each visit to the Facility.
- F. Prepare a written assessment of the quality of pharmacy services quarterly.
- G. Conduct medication pass observations up to four times per year.
- H. Provide in-service education programs for the staff of the Facility to enhance safe and effective drug therapy. The Pharmacist or his/her designees would conduct such programs.
- I. Attend state survey exits, provided adequate notice is given.

It also guarantees that the responsible party as listed below, a person other than the patient, accepts responsibility and agrees to pay for all medications, supplies and services provided.

Acknowledgement of Receipt of Notice of Privacy Practices

Under the Federal HIPPA Privacy Rule, we are required to give you our Notice of Privacy Practices and make a good faith effort, before providing services. Your signature acknowledges your receipt of the Notice of Privacy Practices.

RELEASE OF INFORMATION

I authorize the exchange of information in my medical record to be released to authorized representatives of Medicare, Medicaid, my medical insurance carrier or any agent of Innovative Care Pharmacy for use in determining medical benefits payable to Innovative Care Pharmacy on my behalf. I authorize any hospital, nursing home, physician's office or other health facility where I have been a client, to disclose any part or all of my medical record to Idaho Home Infusion Pharmacy. All information will be processed in accordance with Federal HIPAA regulations.

ASSIGNMENTS OF BENEFITS

I request payment of authorized Medicare, Medicaid, private insurance or other health insurance benefits, and hereby assign benefits payable on my behalf directly to Idaho Home Infusion Pharmacy. In the event payment is made directly to me, I will be responsible for forwarding the payment promptly to Innovative Care Pharmacy ; I understand that I am also responsible for any insurance deductible, non-covered services, co-insurance, interest, and any and all attorneys fees associated with collection of monies due on the account.

CERTIFICATION

I certify that I have read the above agreement, received a copy thereof, agree with the conditions, and am the client or duly authorized by the client as the client's general agent to execute the above and accept its terms. I understand that this agreement can be revoked at any time. A duplicate copy of the Agreement and Consent shall be considered the same as an original.

INVOICES AND PAYMENTS

Innovative Care Pharmacy will invoice one monthly for all services provided. Payment is due in full by the 10th of the month following the service. If payment is not received in full interest will accrue at 1.5% per month on all balances. The account may be closed if payment is not received by the 25th of the month and no further medications or supplies will be processed. Upon receiving payment accrued interest will be paid off in full first, then all outstanding balances. I agree to pay all attorney fees and any and all associated costs incurred by Innovative Care Pharmacy in collection any unpaid balances due and owing hereunder.

Innovative Care Pharmacy

**CONSENT FOR SERVICES
PAGE 2**

EMERGENCY CONTACT:

NAME: _____

Please Print

Street Address: _____

City, State, and Zip Code: _____

Home/Cell/Office Phone: _____

Patient: Name: _____ Gender: F M
Age: _____ Birth date: _____ Social Security #: _____

Per HIPAA regulations, we must have copies on file of the following cards:

Primary Medical Insurance: _____ Phone #: _____

Policy Holder Name: _____

Policy Number: _____

Group Number _____

Secondary Medical Insurance: _____ Phone #: _____

Policy Holder Name: _____

Policy Number: _____

Group Number _____

Prescription Drug Card: _____ Phone #: _____

Policy Holder Name: _____

Policy Number: _____ Group Number: _____

Physician: Name: _____ Phone #: _____

**** All information provided is confidential and will be used to assist the patient with his/her medical needs. The information is not given out to any individual or entity that has no medical**

association with the patient. Federal HIPAA rules and regulations are strictly adhered to.

Building: _____

**Innovative Care Pharmacy
CONSENT FOR SERVICES**

Date: _____

I _____ agree to be responsible for all
Name of responsible party

sums due and provided by Innovative Care Pharmacy

Signed: _____
RESPONSIBLE PARTY SIGNATURE

Address _____

Town: _____ State: _____ Zip: _____

Home phone Number: _____

Work # _____ Cell #: _____

Fax or Mail all three (3) pages to:
Innovative Care Pharmacy
9196 W. Emerald St. , Suite #110
Boise, ID 83704

FAX 208-323-5666

PHONE 208-323-1259 if you have any questions

Building: _____



RESIDENT'S COPY

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please read it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information serves as

- basis for planning your care and treatment
- a means of communication among health professionals who contribute to your care
- a legal document describing the care you received
- a means to verify that services billed were actually provided
- a tool in educating health professionals
- a source of information for public health officials charged with improving the health of the nation.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- understanding of who, what, when, where, and why others may assess your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information but we are not required to agree to a restriction that you request.
- obtain a paper copy of the notice of privacy practices upon request.
- inspect and obtain a copy of your health record that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding, and health information that is not discloseable under the Clinical Laboratory Improvements Amendments of 1988. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Idaho Home Infusion Pharmacy. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.
- obtain an accounting of disclosures we have made of your health information. You have the right to receive specific information regarding disclosures that occur on or after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions or limitations. This right does not apply to disclosures we have made for purposes of treatment, payment or healthcare operations or as part of a limited data set as described in this Notice of Privacy Practices. This right does not apply to disclosures we have made pursuant to an authorization you have provided to us or to incidental disclosures. It excludes disclosures we may have made to you, for family members or friends involved in For Example: Information obtained by a nurse, physician, your care, or for notification purposes.
- revoke your authorization to use or disclose health information by providing us with written notice of your

revocation except to the extent that action has already been taken in reliance on your authorization.

- complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

Our Responsibilities

Innovative Care Pharmacy is required to:

- maintain the privacy of your health information.
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of this notice.
- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've given us. We will not disclose your health information without your authorization, except as described in this notice. For More Information or to Report a Problem If you have questions and would like additional information, you may contact Idaho Home Infusion Pharmacy.

If you believe your privacy rights have been violated, you can file a complaint with Idaho Home Infusion Pharmacy or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Health Care Operations: We may use health information about you to assess the care and outcomes in your case and other similar cases. The results will be used internally to improve the quality of care for all patients. Examples: We may combine medical information about many patients to evaluate the need for new products, services, or treatments. We may disclose information to health care professionals, students, and other personnel for review and training purposes. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of the specific patients.

We may use and disclose medical information to:

- evaluate the performance of our staff and you satisfaction with our service
- improve the quality and effectiveness of the health care we provide
- conduct training programs
- review the competence of health care professionals

Payments: We may use and disclose health information about you to others for purposes of receiving payment for treatment and services that you receive. Example: A bill may be sent to your insurance company or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care products or services, to determine whether the insurance plan will pay for the particular product or service.

Business Associates: There are some services provided in our organization through contracts with business associates. This would include some consultants who provide services for Idaho Home Infusion Pharmacy. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Funeral Directors and Coroners: We may disclose health information to funeral directors consistent with applicable State law to carry out their duties. We may also disclose health information to a coroner or medical examiner for identification purposes determining the cause of death or for the coroner or medical examiner to perform other duties authorized by state law.

Marketing: We may contact you to provide appointment reminders

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Disaster Relief: We may use or disclose health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

De-Identified Information: We may use health information for the purpose of creating de-identified information or disclose health information to a business associate for the purpose of creating de-identified information. De-identified information is information that does not identify you and that we reasonably believe cannot be used to identify you.

Personal Representative: If you have a personal representative such as a legal guardian, we will treat that person as you with regard to disclosure of your health information. If you are deceased, we will treat your executor, administrator, or other person with authority to act on your behalf as your personal representative under the same circumstances that we would disclose such information to you and as otherwise provided or required by law.

Uses and Disclosures of Health Information Based Upon Your Written Authorization: Other uses and disclosures of your health information, such as the disclosure of psychotherapy notes, will be made only with your written authorization unless otherwise required by law

Effective Date: April 14, 2003