pandia pharmacy

Experts in Women's Hormonal Care

WELCOME!

The staff at Pandia Pharmacy understand that your medical condition is complex and requires special knowledge when collaborating with your medical provider and/or insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically trained pharmacists on-site.
- Access via phone to clinically trained pharmacists 24/7.
- Assistance with verifying insurance benefits, out-of-pocket expenses, and pharmacy network status
- Obtaining additional financial assistance when available
- Delivery of medications to 49 states and DC.

PHARMACY CONTACT INFORMATION

Pharmacy Address:
1900 Camden Ave, Suite 101-A
San Jose, CA 95124

Pharmacy phone:
Phone: (650) 437 - 0561
Toll Free: (855) 278 - 5090
Fax: (844) 493 - 7071

Website: pandiapharmacy.com
Email: info@pandiapharmacy.com

24/7 On Call Contact Procedure:
After-hours calls are handled by an on-call answering service and urgent matters are forwarded to an on-call pharmacist.

PLEASE CONTACT US TO:

- Request consultation with a pharmacist for prescriptions if you:
    - Have started taking new medications or new dosage forms
    - Have any new allergies
    - Have experienced a reaction, allergy or serious side effects to your medication
    - Have been in hospital or experienced transitions of care
    - Have started using another pharmacy since the last fill
    - Believe the medication is not effective
    - Have questions about your medications or suspect medication errors
- Get a refill of your prescription
    - A staff member will contact you seven days prior to your refill due date to set up refills, determine your compliance to the prescribed therapy, discuss any side effects, evaluate any changes in your medical condition and/or regimen, collect any co-payments, set up a pick up or delivery date and confirm a delivery address should you need delivery.
- Obtain order status or report a delivery delay
- Have your prescription transferred
    - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
    - Please call us if you would like to receive your medication(s) from another pharmacy. We will assist you in transferring your prescription(s) to the appropriate pharmacy of your choice.
- Get more information about accessing medications in an emergency.
- Get information on proper disposal of medications, syringes, sharps containers and materials contaminated with bodily fluids. To find a disposal site near you, visit https://safe.pharmacy/drug-disposal/.
- Ask questions regarding co-payment assistance, your drug benefits, and additional funding sources for your medication.

- Ask questions on generic substitution. We will tell you how much you will save if our pharmacist dispenses a less expensive, generic equivalent drug. Only your doctor can allow for generic substitution, but our pharmacist will contact your physician on your behalf, to request a generic substitution and notify you of the outcome.

PATIENT RIGHTS & RESPONSIBILITIES

As our patient, you have the right to:

- Obtain relevant, accurate, current, and understandable information from your Pandia pharmacists concerning your treatment and/or drug therapy.
- Discuss your specific drug therapy, the possible adverse side effects, drug interactions, receive effective counseling and education from your Pandia pharmacist
- Expect that all prescribed medications you receive are accurately dosed, effective, and in usable condition.
- Choose the pharmacist and pharmacy provider where your prescriptions are filled and not be pressured or coerced into transferring your prescriptions to another pharmacy or mail order service
- Expect us to maintain confidentiality and privacy of all your patient counseling information contained in your patient record and all your Protected Health Information
- Receive appropriate care without discrimination in accordance with physician orders
- Be advised if a medication has been recalled at the consumer level or withdrawn from the US
- Voice your grievances/complaints regarding treatment, care, or lack of respect, or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/ complaints investigated
- Be able to identify Pandia Pharmacy representatives through proper identification, including name, job title, and request to speak with a supervisor
- Choose a healthcare provider
- Receive information about the scope of care/services that are provided by Pandia Pharmacy directly or through contractual arrangements, as well as any limitations to Pandia Pharmacy's care/service capabilities
- Receive in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third-party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign
- Be informed of any financial benefits that might accrue when you are referred to an organization
- Be advised of any change in Pandia Pharmacy's plan of service before the change is made
- Receive information in a manner, format and/or language that you understand
- Have family members, as appropriate and as allowed by law, and with your authorization, or the authorization of your personal representative, be involved in your care, treatment, and/or service decisions affecting you.
- Be fully informed of your responsibilities.
- Be informed of generic or other substitutions to prescribed medications
- Be informed promptly of any manufacturer/FDA recalls affecting your prescribed medications
- Notify you when Pandia Pharmacy is found to be "out of network" resulting in higher costs to you and the cost differential in writing prior to starting services
- Be informed of patient assistance programs to assist with access to medications
- Redirect your prescription if Pandia Pharmacy cannot source the medication
- Decline participation, revoke consent, or unenroll from Pandia Pharmacy's patient management program at any point in time
- Be informed about the philosophy and the characteristics of Pandia Pharmacy's patient management program

As our patient, you have the responsibility to:

- Adhere to the plan of treatment or service established by your physician
- Participate in the development of an effective plan of care/treatment/services
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by Pandia Pharmacy representatives
- Communicate any information, concerns, and/or questions related to perceived risks in your services, and unexpected changes in your condition
- Notify Pandia Pharmacy if you are going to be unavailable for scheduled delivery times
- Treat Pandia Pharmacy personnel with respect and dignity without discrimination to color, religion, sex, national or ethnic origin, or any protected status
- Care for and safely use medications, supplies, and/or equipment according to the instructions provided, for the purpose they were prescribed, and only for/on the individual for whom they were prescribed
- Notify Pandia Pharmacy of any changes in your physical condition, physician's prescription, or insurance coverage

- Notify Pandia Pharmacy immediately of any changes to your contact information whether temporary or permanent
- Pay all invoices upon receipt and understand that unpaid accounts will be considered in default
- Understand that Pandia Pharmacy acts solely as an agent for you in filling prescriptions through your insurance or other benefits assigned to Pandia Pharmacy; Pandia Pharmacy assumes no responsibility for ensuring that benefits assigned will be paid; and understand that your account will only be credited when Pandia Pharmacy receives payment
- Submit any forms that are necessary to participate in Pandia Pharmacy's patient management program, to the extent that is required by law
- Notify your treatment provider of participation in Pandia's patient management program

NOTICE OF PRIVACY PRACTICES (NOPP)

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

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the facility has created this Notice of Privacy Practices (Notice). This Notice describes the facility's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the facility protect the privacy of your PHI that the facility has received or created.

This facility will abide by the terms presented within this notice. For any uses or disclosures that are not listed below (including marketing and selling of PHI), the facility will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. The facility reserves the right to change the facility's privacy practices and this Notice.

How the facility may use and disclose your PHI

The following is an accounting of the ways that the facility is permitted, by law, to use and disclose your PHI.

- Uses and disclosures of PHI for treatment: The facility will use the PHI received to fill your prescription and coordinate or manage your health care.
- Uses and disclosures of PHI for payment: The facility will disclose the PHI to obtain payment or reimbursement from the insurer for your health care service.
- Uses and disclosures of PHI for health care operations: The facility may use the minimum necessary amount of your PHI to conduct quality assessments, improvements, and evaluate the facility workforce.

The following is an accounting of additional ways in which the facility is permitted or required to use or disclose your PHI without your written authorization.

- Uses and disclosures as required by law: The facility is required to use or disclose your PHI as required and as limited by law.
- Uses and disclosure for public health activities: The facility may use or disclose your PHI to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements, and other products as required by law.
- Uses and disclosure about victims of abuse, neglect or domestic violence: The facility may use or disclose your PHI to a government authority if it is reasonably believed that you are a victim of abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities: The facility may use or disclose your PHI to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.
- Disclosures to individuals involved in your care: The facility may disclose your PHI to individuals involved in your care.
- Disclosures for judicial and administrative proceedings: The facility may disclose your PHI in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the facility.
- Disclosures for law enforcement purposes: The facility may disclose your PHI to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.
- Uses and disclosures about the deceased: The facility may disclose PHI postmortem, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

- Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The facility may use and disclose your PHI for the purpose of procurement, banking, or transplantation of cadaveric organ eyes, or tissues for donation purposes.
- Uses and disclosures for research purposes: The facility may use and disclose your PHI for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the facility will request a signed authorization by the individual for all other research purposes.
- Uses and disclosures to avert a serious threat to health or safety: The facility may use or disclose your PHI if in good faith and consistency with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.
- Uses and disclosures for specialized government functions: The facility may use or disclose your PHI for specialized government functions including military and veterans' activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.
- Disclosure for workers' compensation: The facility may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.
- Disclosures for disaster relief purposes: The facility may disclose your PHI as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.
- Disclosures to business associates: The facility may disclose your PHI to the facility's business associates for services that they may provide to or for the facility to assist in providing quality health care. To ensure the privacy of your PHI, the facility requires all business associates to apply appropriate safeguards to any PHI received or created.
- The facility may contact you for the following purposes
    - To notify you of alternative treatments and/or products
    - To notify you of benefits and services the facility provides
    - To notify you if the facility participates in a fundraising activity, the facility may send you a fundraising packet using demographic PHI, or the facility may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.
- For all other uses and disclosures The facility will obtain a written authorization from you for all other uses and disclosures of your PHI, and the facility will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Pandia Pharmacy at **info@pandiapharmacy.com**

Your health information rights

The following are a list of your rights regarding your PHI:

- You have the right to request additional restrictions of the facility's uses and disclosures of your PHI. However, the facility is not required to accommodate a request. This includes the right to restrict disclosures to insurances for those products and services you pay out-of-pocket
- You have the right to request that the facility communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the facility to have an accurate address and home phone number in case of emergencies. The facility will consider all reasonable requests
- You have the right to request access and/or obtain a copy of your PHI that is contained in the facility for the duration the facility maintains your PHI. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges
- You have the right to request an amendment of your PHI the facility maintains, if you feel that your PHI the facility has maintained is incorrect or otherwise incomplete. Under certain circumstances the facility may deny your request for amendment. If the request is denied, you will have the right to appeal by someone the facility designates who was not involved in the initial review. You may also ask the Secretary of United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial
- You have the right to receive an accounting of certain disclosures of your PHI made by the facility • You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically
- You will be notified of any breaches that have compromised the privacy of your PHI
- Please contact Pandia Pharmacy if you have questions pertaining to your health information rights.

Revisions to the Notice of Privacy Practices

- The facility reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The facility will also post the revised version of the Notice in the facility.

FOR MEDICARE AND MEDICAID PRESCRIPTIONS

- You have the right to request a coverage determination from your Medicare/ Medicaid drug plan if you disagree with the information provided by the pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:
- You need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary."
- A coverage rule (such as prior authorization, step therapy or quantity limits) should not apply to you for medical reasons, or you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

WHAT YOU NEED TO DO:

- You or your prescriber can contact your Medicare/Medicaid drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision.
- The name of the prescription drug that was not filled, including the dose, strength, and information if known.
- The name of the pharmacy that attempted to fill your prescription.
- The date you attempted to fill your prescription.
- If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

MEDICARE DMPOS SUPPLIER STANDARDS

The products and/or services provided to you by Pandia Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57 ©. These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you with a written copy of the standards.

FINANCIAL INFORMATION

- Prescription cost will vary depending on your insurance. Because drug pricing can change daily, a final determination of your co-pay cost including deductibles or co-insurance cannot be made until your claim is processed. If your insurance company considers Pandia Pharmacy an out of network pharmacy, an explanation of the medication cost will be provided in writing at the time of dispensing or if requested by the patient. Cash price of the medication is also available upon request by calling the pharmacy at (855) 278-5090. You may also call the Member Services phone number on your prescription insurance card to get the most current information.
- If you are unable to afford the out-of-pocket cost for your prescription, Pandia Pharmacy will work to identify co-pay card assistance, patient assistant programs, or other support and/or charitable organizations. Visit the Pandia Pharmacy ’s website to learn about Patient Assistance.
- The cost may also vary depending on the quantity of medication. Your prescription will be filled for medication that the physician prescribes. Please be sure to advise your physician to prescribe for the maximum amount/day supply allowable by your insurance coverage (days allowed may vary by plan).
- If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the “donut hole” and reach total out-of-pocket expense. Patient Care Coordinators can assist you in determining and understanding your options. Visit our website to learn more about these services.

EMERGENCY INFORMATION

It is important to have a general plan when preparing for an emergency. The following tips could be helpful during your preparation.

- **Evacuation plan:** know emergency numbers, know the location of your nearest emergency shelter, have an emergency bag ready to go, arrange for assistance if you cannot evacuate yourself, have a plan for pets, plan to have pet medication, food and accessories.

- **Make a list of:** medication, medication information, allergies, copies of health insurance cards, contact information
- **Essential items may include:** health information, cell phone, essential medications, flashlight and batteries, copies of prescriptions, emergency food
- **Have on hand:** 2 weeks supply of medication, cell phone, flashlight and batteries, first aid kit, battery operated radio

Our pharmacy has a comprehensive emergency preparedness plan designed to ensure continued treatment during emergencies or disasters. Should you have any questions during your preparation or in the event of an emergency, please do not hesitate to call your Pandia pharmacist. Our primary goal is to meet your prescription needs without interruption.

INFECTION PREVENTION

The tips below will help you learn about actions you can take to protect yourself and others from infection and help stop the spread of germs.

- **Avoid close contact**. Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick.** If possible, stay home from work, school, and errands when you are sick. This will help prevent spreading your illness to others.
- **Cover your mouth and nose.** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Flu and other serious respiratory illnesses, like respiratory syncytial virus (RSV) whooping cough, and COVID-19, are spread by cough, sneezing, or unclean hands.
- **Clean your hands.** Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.
- **Avoid touching your eyes, nose or mouth**. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose or mouth.
- **Practice other good health habits.** Clean and disinfect frequently touched surfaces at home, work or school. Especially when some are ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- **Get vaccinated.** Make sure you are up to date on your vaccinations from your healthcare provider. Vaccinations are available for: chicken pox, measles, tetanus, shingles, mumps, meningitis, hepatitis, pneumonia, flu (influenza) and COVID-19.

DRUG DISPOSAL

1ST CHOICE: DRUG TAKE-BACK EVENTS

- To dispose of prescription and over-the-counter drugs, call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community. Some counties hold household hazardous waste collection days, where prescription and over-the-counter drugs are accepted at a central location for proper disposal.

2ND CHOICE: HOUSEHOLD DISPOSAL STEPS

- Take your prescription drugs out of their original containers.
- Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
- Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
- Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.
- The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

DRUG RECALLS

If your medication is recalled, we will contact you and coordinate with your doctor for an alternative.

ADVERSE REACTION

An adverse reaction is defined as "Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug."

If you suspect an adverse reaction, please contact one of our pharmacists and your physician. However, in case of a medical emergency, please call 911 or your local emergency service for immediate assistance.

COMPLAINTS

If you have any questions on the facilities practices or would like to see clarification on anything contained within the Notice or file a complaint, please contact our Privacy Office at 855-278-5090 or info@pandiapharmacy.com

The facility will not take any adverse action against you as a result of your filing a complaint.

If you find that your complaint has been inappropriately handled by our facility, you may also contact one of the following agencies and accreditation administrators.

California State Board of Pharmacy 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833 Phone: (916) 518 - 3100 https://www.pharmacy.ca.gov/consumers/complaint_info.shtml	Secretary of The US Department Health and Human Services 200 Independence Ave S.W. Washington D.C. 20201 Toll Free Center (877) 696-6775
ACHC Complaint Information Website: https://www.achc.org/contact/ ACHC's Complaints Department: (855) 937-2242	URAC Accreditation Complaint Information Website: https://www.urac.org/contact/file-a-grievance/ Email Address: grievances@urac.org
National Association of Boards of Pharmacy (NABP) Phone: (847) 391- 4406 Email: help@nabp.pharmacy	

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