Baton Rouge General

Compounding Pharmacy

New Patient Packet

WELCOME

I'd like to take a moment to welcome you as a new patient to our pharmacy. Thank you for choosing us. The trust and confidence you have placed in us is most appreciated. We look forward to partnering with you to provide specialty medications and programs specifically designated for certain health issues or chronic conditions.

Our pharmacy provides patients with timely specialty medications as prescribed by your physician. Our mission is to help you better understand your specific health needs or condition so that you can achieve the best results and maintain optimal health over the long term. Through our unique specialty programs, we educate every patient on how to safely take their prescribed specialty medications while monitoring all the medications you are taking to make sure there are no inappropriate drug interactions.

Our specialized programs are used to provide key benefits:

- Educate every patient on their unique health needs or condition
- Provide support for secondary conditions and symptoms
- Connect you with courteous, educated staff members who will make the ordering process easy and positive
- Provide your care team and physician with vital details for faster interventions if required

Pharmacy Contact Information

9001 Summa Ave. Baton Rouge, La 70809
Phone: (225) 381-6992
Fax: (225) 387-7663
SpecialtyPharmacy@brgeneral.org

Hours of Operation

Monday - Friday 8:00 am to 4:00 pm

24/7 On-Call Contact Procedures

(225) 381-6992

Toll-Free Phone Number

(833) 727-5433

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PRESCRIPTION INFORMATION

How do I place a prescription order, obtain a refill or check prescription status?
Contact BRG Compounding Pharmacy at (225) 381-6992.

What if my prescription order/shipping is delayed?
The pharmacy team will notify you as soon as possible if a medication order or shipment is delayed. Patients will have the option to pick up medication directly from the pharmacy if shipment is delayed.

How will I be informed if a substitution is made to my medication(s)?
The BRG Compounding Pharmacy team will notify you if any substitutions are made to your medication(s).

How do I transfer a prescription to another pharmacy?
Have the pharmacy of your choice contact the BRG Compounding Pharmacy during regular pharmacy hours at (225) 381-6992.

How do I obtain medications not available at the pharmacy?
The BRG Compounding Pharmacy team will contact you and your prescriber to inform and assist you with getting your
medication.

When will I know my financial obligations regarding prescriptions (copay, out-of-pocket costs)?
The pharmacy will perform a benefits investigation after receiving the prescription and will then contact you to confirm any copay or out-of-pocket expenses.

How are medication recalls handled?
The BRG Compounding Pharmacy team will contact you and your prescriber in the case of a recall.

How do I report a medication issue?
If you suspect your medication was filled in error, please contact the pharmacist at (225) 387-7627.

How do I handle adverse reactions?
Contact the BRG Compounding Pharmacy, your doctor, or dial 911 in case of an emergency.

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COMPLAINTS

You have the right and responsibility to inform us of concerns, dissatisfaction or make complaints about the service you did or did not receive without fear of retaliation or interruption of services. If you have a complaint, please call us. You will receive notice (written or verbal) of the complaint resolution within 7 business days. If needed, you may contact the State Board of Pharmacy or our accreditation organization(s).

Louisiana Board of Pharmacy: (225) 925-6496

URAC: (202) 326-3941

ACHC Complaint Information

- Website: https://achc.org/submit-a-complaint/
- ACHC Complaints Department
  (855) 937-2242

EMERGENCY PREPAREDNESS

We have a plan if disaster occurs. Disasters include fire to our facility, chemical spills, major weather events, and evacuations. Our goal is to continue to serve your needs. If there is a threat of disaster or severe weather, please contact us for any medications you need to make sure you have enough.

Follow directions from the authorities in your area. We will use every resource available to continue to make sure we can serve you. While unlikely, there may be times when we cannot meet your needs because of an emergency. In these situations, you must use your local rescue or medical facility.

If we cannot get your medication to you due to an emergency, we will transfer your medication to a local pharmacy of your choice. If we cannot reach you or you cannot reach the pharmacy, please listen to your local news for help. Please make sure we have an emergency contact number so that we can reach you.

In the event of an emergency or disaster, remember the following:

- Make a list of your medications (prescribing physician, filling pharmacy, dosage)
- Store all medications in one location that is easy to grab if needed
- Know the phone number & address for your pharmacies

DRUG DISPOSAL

1ST CHOICE: DRUG TAKE-BACK EVENTS

To dispose of prescription and over-the-counter drugs, call your city or parish government's household trash and recycling service and ask if a drug take-back program is available in your community. Some parishes 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

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

Source: EPA, Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009

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CONSENT TO RELEASE PROTECTED HEALTH INFORMATION AND ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, individually or on behalf of the person named below, authorize Baton Rouge General Medical Center Outpatient Pharmacy to use and disclose my/their health information as required for treatment, payment and healthcare operations as described in Baton Rouge General Medical Center's Notice of Privacy Practices. I hereby acknowledge that I have been provided a copy of Baton Rouge General Medical Center's Notice of Privacy Practices.

Patient Name (print):_____

Relationship to Patient:_____

Signature:_____

Date:_____/_____/_____

Please sign and return this form via:
Fax: 225-387-7663 or **Email:** specialtypharmacy@brgeneral.org
Questions? Contact us at (225) 381-6992

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PATIENT RIGHTS

As our patient and a participant in the patient management program, you have the right to:

1. Have personal health information shared with the patient management program only in accordance with state and federal law
2. Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
3. Speak to a health professional
4. Receive information about the patient management program
5. Decline participation, or disenroll at any point in time
6. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
7. Be informed, in advance of care/service being provided and their financial responsibility
8. Receive information about the scope of services that the organization will provide and specific limitations on those services
9. Participate in the development and periodic revision of the plan of care
10. Refuse care or treatment after the consequences of refusing care or treatment are fully presented
11. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
12. Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality
13. Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property
14. Voice grievances/complaints regarding treatment or care or lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination or reprisal
15. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
16. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
17. Be advised on the agency's policies and procedures regarding the disclosure of clinical records
18. Choose a healthcare provider, including an attending physician, if applicable
19. Receive appropriate care without discrimination in accordance with physician's orders, if applicable
20. Be informed of any financial benefits when referred to an organization
21. Be fully informed of one's responsibilities

PATIENT RESPONSIBILITIES

1. Give accurate clinical and contact information and to notify the patient management program of changes in this information
2. Notify the treating prescriber of their participation in the patient management program
3. Submit forms that are necessary to receive services
4. Provide accurate medical and contact information and any changes
5. Notify the treating provider of participation in the services provided by the organization
6. Maintain any equipment provided
7. Notify the organization of any concerns about the care or services provided

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Our Mission: We will preserve and restore health, one person at a time.

Patient Rights & Responsibilities

You have the right to access healthcare which includes:

- Receiving treatment without discrimination as to age, race, color, religion, gender, national origin, disability, diagnosis, ability to pay, source of payment or sexual orientation.
- Receiving treatment for any emergency medical condition regardless of ability to pay.
- Being given a complete explanation if there is a need for you to be transferred to another facility, the alternatives to such a transfer, and the identity of the accepting physician at the accepting facility.
- Access to protective services, either for yourself, your child or any member of your family, who is a patient in our hospital. The Social Worker will assist you in making contact with such community resources.
- Information for Medicare admitted patients regarding beneficiary discharge rights, notice of non-coverage and the right to appeal premature discharge.
- Knowing about hospital resources that are available to you.
  Pastoral Care: (225) 387-7742
  Social Work: (225) 387-7738

You have the right to participate in your care which includes:

- Development, implementation and revision of your plan of care. This includes treatment plans, discharge plans and pain management plans. The hospital will assist in arranging for required follow-up care after discharge as needed.
- Having interpretive and translation services as needed. The hospital will communicate with you if you have vision, speech, hearing or cognitive impairments in a manner that meets your needs.
- Having a family member or representative of your choice and your physician notified promptly of your admission to the hospital.
- Being informed about and participating in decisions regarding your care; to include a surrogate decision maker in the decision making when you are unable to make decisions for your care, treatment or services. This information shall include the possible risks, burdens and benefits of the procedure or treatment. This information will be given to you in a language and words that you understand.
- The right to give or withhold informed consent as permitted by law. The effects of refusing treatment will be explained to you. Therefore, you will be able to make an informed decision regarding your care. This includes respecting the surrogate decision maker's right to refuse care, treatment and services on behalf of you when you are unable to make decisions for your care, treatment or services.
- Consent to or decline to participate in research, investigation and clinical trials.
- Requesting a second opinion regarding any treatment. If your insurance does not cover this cost, you will be responsible for payment.
- Discussing resuscitative measures with your physician and formulating or revising your Advance Medical Directive (living will or healthcare power of attorney). These documents express your choices about life prolonging procedures or name someone to make decisions if you are unable to speak for yourself. The hospital will follow your Advance Medical Directive.
- Requesting a consultation from the Ethics Committee for help with difficult medical decisions.
  Ethics Representative: (225) 387-7742
- Request family member, friend or other individual to be present with you for emotional support during the course of your stay unless medically contraindicated.
- Expressing concerns or asking questions about care or service.
  Patient Experience: (225) 387-7911 or (225) 763-4272

You have the right to information regarding your care which includes:

- Knowing the name and the roles of the people treating you.
- Being informed of your health status, diagnosis and prognosis. This includes being informed about any continuing health care requirements after discharge.
- Knowing about hospital billing policies that affect your charges and payment options. You may request an explanation of your bill by calling Patient Financial Services at (225) 819-1000.
- Being informed about unanticipated outcomes of care (sentinel event).
- Lodging a concern or grievance about care or service.
  Patient Experience: (225) 387-7911 or (225) 763-4272
  BRG Administration: (225) 763-4040
- Receiving a written response to your grievance within 7-10 days.
- Lodging a grievance with the licensing agency and/or accrediting agency for our facilities:

  The licensing agency for our facilities is:
  Louisiana Department of Health and Hospitals,
  Health Standards Section, PO Box 3767, Baton Rouge, LA. 70821
  (225) 342-0138, toll free (866) 280-7737

  The accrediting agency for our facilities is:
  The Joint Commission Office of Quality and Patient Safety. Concerns may be reported, in writing, at www.jointcommision.org, using the "Report a Patient Safety Event" link in the "Action Center" on the home page;
  by fax to (630) 792-5636; or by mail to Office of Quality and Patient Safety,
  The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181

You have the right to maintain your dignity which includes:

- Receiving considerate and respectful care in a clean and safe environment.
- Privacy and confidentiality during consultation, examination, personal hygiene activities, treatments and discussions concerning your diagnosis and treatment. Your treatment records are confidential unless you have given permission to release information or reporting is required by law. You may review your medical record upon request.
- Being free from neglect, exploitation and abuse.
- Respect for your dignity and worth regardless of your diagnosis.
- Being free from restraints that are not medically necessary.
- Access to religious and/or spiritual services and support.

Your responsibilities as a patient are to:

- The best of your knowledge, provide accurate and complete information about present and past medical conditions.
- Ask questions when you do not understand information or instructions.
- Follow the treatment plan recommended by the physician or to inform your doctor if you believe you cannot follow through with your treatment.
- Notify the physician or nurse of any unexpected changes in your condition.
- Be considerate and respectful of the rights and needs of other patients and healthcare workers. This includes being sensitive to noise level, respectful of others property, limiting the number of visitors and abiding by the smoke-free environment.
- Provide the hospital with a copy of your most current Advance Medical Directive if you have one.
- Assure that financial obligations of your healthcare are fulfilled.
- Follow the hospital policies regarding patient care and conduct.
- Remain on the nursing unit unless the physician writes a specific order otherwise, or you are escorted/transported by a hospital staff member to another department to receive medical care.