

# UNIVERSITY OF KENTUCKY SPECIALTY PHARMACY & INFUSION SERVICES

Enclosed you will find information on our operations and services, patient safety, and other important patient information. Please take a few minutes to read through this information, and keep this packet in a safe place for future reference.



ACCREDITED  
Specialty Pharmacy  
Expires 12/01/2023



ACCREDITED  
Infusion Pharmacy  
Expires 12/01/2023



ACCREDITED  
Rare Disease  
Pharmacy Center  
of Excellence  
Expires 12/01/2023



**We want to know how we're doing!**  
It is important that you complete the Pharmacy Patient Feedback sheet for the specialty pharmacy and/or the infusion center in this booklet and return it to us in the postage-paid envelope provided.



**Welcome to UK Specialty Pharmacy & Infusion Services!** Our service is designed to improve the lives of patients within UK HealthCare and its partner health systems who are taking high-cost and complicated medications, called specialty medications. We will work closely with you and your physician to help you succeed on your new therapy. This welcome packet will describe many of the services we offer.

Here are a few things you should know about UK Specialty Pharmacy & Infusion Services:

- ▶ UK Specialty Pharmacy & Infusion Services is a specialty pharmacy offering you support 24 hours a day, 365 days a year.
- ▶ We treat you as an individual and work with your care providers to create a program tailored to your specific condition.
- ▶ Because we want to be sure you understand and follow your prescription guidelines, you will be provided with education regarding your medication(s) in clinic or over the phone. In addition, we will provide you with other patient education materials.
- ▶ Our dedicated team of specialty pharmacy technicians will ensure the delivery of your monthly refills.
- ▶ We will handle the details for shipping and delivering your specialty medications and scheduling your infusion appointments.
- ▶ We are experts in care with years of experience, and we can help you get the treatment you need.
- ▶ Additionally, UK Specialty Pharmacy & Infusion Services provides resources to patient advocacy and support groups accessible at any time from our website ([ukspecialtypharmacy.org](http://ukspecialtypharmacy.org)) or in writing when requested from the pharmacists. Our website also provides access anytime to the evidence-based resources we use to design our Patient Management Program.

**If you have any questions, please call us at 844-730-5913 (toll free) or visit us online at [ukspecialtypharmacy.org](http://ukspecialtypharmacy.org).**

**Thank you for  
choosing us as  
your specialty  
pharmacy!**



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# CONTACT INFORMATION AND HOURS OF OPERATION

Our infusion services are located on Wellington Way in south Lexington. The UK Specialty Pharmacy is a limited-access pharmacy, but our pharmacists and staff are always available at the numbers below.

We encourage Specialty Pharmacy patients take advantage of our delivery options. Your medications may be delivered to you via FedEx Express, U.S. Postal Service or by courier in the Lexington/Central Bluegrass area. When necessary, arrangements may also be made for you to pick up your medications at the Kentucky Clinic Pharmacy.

## UK SPECIALTY PHARMACY

**Phone:** 844-730-5913 (toll free) or  
859-218-5413

**Website:** [ukspecialtypharmacy.org](http://ukspecialtypharmacy.org)  
**Email:** [specialtypharmacy@uky.edu](mailto:specialtypharmacy@uky.edu)

**Hours:** Monday – Friday 7:30 a.m. – 5 p.m.  
Closed on university holidays

For after-hours questions, please call  
859-323-5000 and ask to speak to the  
specialty pharmacist on call.

## WELLINGTON INFUSION SERVICE

531 Wellington Way, Second Floor  
Lexington, KY 40503

**Phone:** 859-218-5413

**Hours:** Monday – Friday: 8 a.m. – 4:30 p.m.  
Closed on university holidays

You may choose to call the Kentucky Clinic Pharmacy for general prescription questions, such as the status of your prescription or your co-pay amount, when UK Specialty Pharmacy & Infusion Services are not open.

## KENTUCKY CLINIC PHARMACY

740 S. Limestone, Room J-134

**Phone:** 859-323-5855

**Hours:** Monday – Friday 7:30 a.m. – 9 p.m.  
Saturday 8:30 a.m. – 5 p.m.  
Sunday 8:30 a.m. – 5 p.m.  
Closed on university  
holidays

## UNIVERSITY HOLIDAYS

**New Year's Day** (January 1)

**Martin Luther King, Jr. Day** (third Monday  
in January)

**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)



# SERVICES OFFERED

## HOW TO FILL A NEW PRESCRIPTION

UK Specialty Pharmacy & Infusion Services will work with your prescriber when you need a new prescription drug. In most cases, your prescriber will electronically send your prescription to UK Specialty Pharmacy & Infusion Services. However, you may also call us and request that we contact your prescriber to obtain a new specialty prescription. After receiving your prescription, our staff will enroll you into our Patient Management Program.

## PATIENT MANAGEMENT PROGRAMS

A pharmacist with UK Specialty Pharmacy & Infusion Services will provide a variety of clinical patient management support services for specific medical conditions to assure that you stay in the best health possible.

These services include education about how and when to take your medication, how to manage potential side effects, and ongoing health monitoring and support. This is provided to you at no additional cost, and your participation is completely voluntary. You may decline enrollment into the Patient Management Program or unenroll at any time by notifying one of our team members during normal business hours at **844-730-5913** (toll free).

A licensed pharmacist is available 24 hours a day, seven days a week, for any urgent needs relating to your medication. After normal business hours, call our after-hours paging operator (**859-323-5000**). Ask for the "specialty pharmacist on call" and you will be promptly connected or we will immediately return your call. In case of an emergency, call 911.

## INSURANCE NAVIGATION

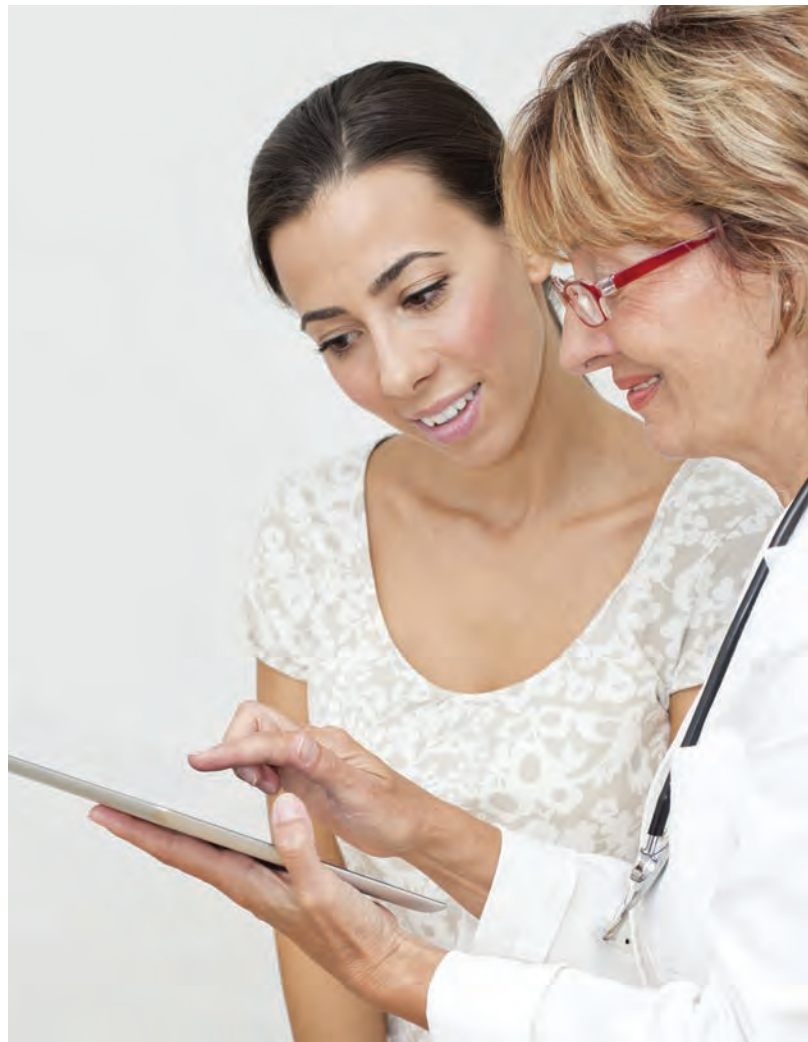
Our team will contact your insurance company to request coverage of the medication. This process is often called a "prior authorization."

## FINANCIAL ASSISTANCE

The copay amount for a specialty pharmacy or infusion medication may still be high, despite having your insurance company pay for most of the cost. We will research various financial assistance programs available to possibly lower your drug therapy cost.

## MEDICATIONS NOT AVAILABLE AT UK SPECIALTY PHARMACY & INFUSION SERVICES

If you cannot obtain a medication at UK Specialty Pharmacy & Infusion Services, your specialty pharmacy technician will work with you and another pharmacy or infusion center to ensure you receive your drug. If you want your prescription transferred to another pharmacy or infusion center, please contact your specialty pharmacy technician and we will transfer your prescription on your behalf.



# SERVICES OFFERED

## DELIVERY OF YOUR SPECIALTY MEDICATIONS

We coordinate delivery of your specialty medications. Options include: FREE mail delivery to your home or an approved alternate location, delivery to your clinic, or when necessary, arrangements can be made for you to pick them up in Kentucky Clinic Pharmacy. We will also include any necessary supplies, such as needles, syringes and alcohol swabs.

If your medications require special handling or refrigeration, they will be packaged and shipped accordingly. Some medications may require a signature for proof of delivery. If you cannot be there to accept the package, in many cases, we can arrange for it to be left either at your home or at an approved alternate location.

UK Specialty Pharmacy & Infusion Services will make every effort to deliver your supplies early if a weather warning is in place. A UK Specialty Pharmacy & Infusion Services representative will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure we have your secondary contact information on file to ensure there is no lapse in therapy. In the event that a delivery has been delayed, be assured that we will track your package and monitor its progress. You will be notified of any anticipated delays, and if necessary, courier service will be dispatched with your medication to make sure that you will not miss any doses.

Our patients may call **844-730-5913** (toll free) at any time during business hours to speak with a representative if there is a delivery concern. Patients may also call the after-hours number (**859-323-5000**) and ask for the specialty pharmacist on call.

## REFILL REMINDERS

A specialty pharmacy technician will call you before your medication is scheduled to run out, to check your progress and to determine the shipment of your next refill. You may also call us at any time to request a refill. Please call **844-730-5913** (toll-free) during our normal business hours if you have any questions or need assistance.

## SCHEDULING OF SPECIALTY INFUSION APPOINTMENTS

One of our specialty infusion staff members will call you to schedule your specialty infusion at one of our infusion centers. If you would prefer to have your infusion scheduled at another facility, we can help you make that appointment.

## BENEFITS AND LIMITATIONS OF THE PATIENT MANAGEMENT PROGRAM

This program is designed to improve your overall health by optimizing specialty medications through the management of side effects while increasing adherence and the understanding of your drug therapy. We provide medication-specific tools including patient education sheets, medication calendars and other items to help you succeed on therapy.

Remember, this program is only as effective as your commitment to following your provider's instructions and the guidance of your pharmacy team.



# THE BILLING **PROCESS**

## **DRUG CLAIMS**

UK Specialty Pharmacy & Infusion Services will bill your pharmacy insurance or medical insurance company for you. However, you may still have to pay a portion of the cost, which is called a copayment or coinsurance. You will be responsible for paying your copayment when you order your medication or refill. For copays, we will tell you the exact amount you need to pay. Coinsurance will be processed with the insurance as quickly as possible and a bill will be mailed to you. For coinsurance, we will provide a best estimate for the amount you will pay.

## **OUTSTANDING BALANCES**

If for any reason you owe a balance, the balance will need to be paid before your next refill. We accept Visa, MasterCard, American Express and Discover credit cards. We also accept cash, personal checks, money orders and most flexible spending accounts.

## **PAYMENT PLAN**

If you need help in arranging a payment plan for the money you owe, we will be happy to assist you in setting up a payment plan. Please call us and advise us of your situation.





# FREQUENTLY ASKED QUESTIONS – SPECIALTY PHARMACY

## WHY DO I NEED A SPECIALTY PHARMACY?

These complex and costly medications usually require special storage and handling and may not be readily available at your local pharmacy or may need to be administered intravenously at an infusion center. Sometimes these medications also have side effects that require monitoring by a trained pharmacist. UK Specialty Pharmacy focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

## HOW CAN I CONTACT THE UK SPECIALTY PHARMACY?

You may:

- ▶ Call us at **844-730-5913** (toll free) or **859-218-5413** to speak to a Specialty Pharmacy employee.
- ▶ Email one of our clinical pharmacists at [specialtypharmacy@uky.edu](mailto:specialtypharmacy@uky.edu).
- ▶ Ask to speak to a **specialty pharmacy employee** during your next clinic visit.

## ORDERING REFILLS?

A specialty pharmacy technician will call you before your medication is scheduled to run out, to check your progress and to determine the shipment of your next refill. Please call **844-730-5913 (toll-free)** during our normal business hours if you have any questions or need assistance.

## HOW MUCH WILL MY MEDICATIONS COST?

Your copay amount will vary based on your insurance plan and in some cases the pharmacy you use. We will tell you this amount after we have processed your prescription.

## WHAT IF I CAN'T AFFORD MY MEDICATIONS?

Some patients are eligible for financial assistance through drug companies or charities. We will perform a full review of options available, tell you about available options and enroll you in the program if you meet eligibility requirements, after obtaining your written permission to do so.

## WHAT IF MY INSURANCE COMPANY DOESN'T COVER MY MEDICATION?

Our staff works directly with your physician and insurance company to obtain coverage for your therapy. If it is denied, your physician will discuss other options with you.

## CAN I STILL GET ACCESS TO MY SPECIALTY MEDICATION IF I LACK PRESCRIPTION INSURANCE?

Some drug companies offer a Free Drug Program. If that's available, we will help you enroll in the program, after obtaining your written permission to do so.

## DOES UK SPECIALTY PHARMACY HAVE ACCESS TO ALL SPECIALTY MEDICATIONS?

UK Specialty Pharmacy has access to most specialty medications. If we do not have access, we will transfer your prescription to a pharmacy that does and have the new pharmacy contact you.

## WILL MY INSURANCE COMPANY LET UK SPECIALTY PHARMACY DISPENSE THE DRUG?

UK Specialty Pharmacy is in network for most insurance companies. Occasionally your insurance company will require the use of another pharmacy. In these instances, we will transfer your prescription and have the new pharmacy contact you.

Using UK Specialty Pharmacy is optional. If you would like to use another specialty pharmacy, please call us and we will assist with the transfer of your prescription.

## WILL YOU EVER SUBSTITUTE MY MEDICATION WITH ANOTHER?

From time to time it is necessary to substitute generic drugs for brand-name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution.



# FREQUENTLY ASKED QUESTIONS – SPECIALTY PHARMACY

## **WILL UK SPECIALTY PHARMACY EVER CALL ME?**

We will call you to:

- ▶ Confirm the initial status of your prescription and copay amount or schedule or confirm your infusion appointment.
- ▶ Set up the initial dispense and refills.
- ▶ Verify your address and confirm delivery of your medication.

We may also call you to:

- ▶ Verify prescription and/or medical insurance information.
- ▶ Obtain documentation of your income to enroll you in a financial assistance program.
- ▶ Counsel you on the medication, if that isn't done during your physician visit.
- ▶ Tell you that the prescription has to be transferred to another specialty pharmacy.
- ▶ Notify you of any FDA recalls of your medication.

## **WHEN SHOULD I CONTACT YOUR PHARMACY?**

You should call the UK Specialty Pharmacy if:

- ▶ Your address, telephone number or insurance information has changed.
- ▶ You have any questions regarding the status of your prescription.
- ▶ You have concerns regarding how to take your medication.
- ▶ You would like additional information regarding your plan for therapy.
- ▶ If you suspect an error or delay in shipping or dispensing has occurred.
- ▶ If you suspect your medication has been recalled by the FDA.
- ▶ If you need to reschedule your specialty infusion appointment.

You should also contact us with any other questions or concerns. Our staff is happy to assist you with your specialty pharmacy needs, including:

- ▶ Working with another specialty pharmacy to get your medications delivered.
- ▶ Helping you get access to medications during an emergency or disaster.
- ▶ Providing you with tools to manage your therapy, including educational materials and consumer advocacy support.

## **WHAT SHOULD I DO IF I HAVE AN ADVERSE REACTION TO THE MEDICATION?**

Patients experiencing adverse drug reactions or other problems should contact the UK Specialty Pharmacy or their prescribing physician. You should call 911 or have someone drive you to a local emergency room if the reaction appears serious or life threatening.

## **CAN I RETURN MY PRESCRIPTION?**

Most prescription medications cannot be returned to the pharmacy. Some prescriptions may be returned and credited if they have not been opened, have been dispensed within 14 days, and meet other requirements specified by Kentucky law. Please call us and we can tell you if your medication can be returned and credited. Also, if you suspect your medication is defective, please call us and we will see if a new medication can be sent to you.

## **HOW DO I DISPOSE OF UNUSED MEDICATIONS?**

For the convenience of our patients, MedSafe medication disposal bins are available at each of our five retail pharmacy locations. These bins offer a safe and secure way to dispose of your unused or expired medications. Simply bring your medications to the location of your choice and place them in the blue MedSafe bins. For a list of pharmacy locations, visit [ukpharmacy.org](http://ukpharmacy.org) and select Locations & Services at the top of the page. You may also visit the websites below for more information.

- [www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)
- [www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm)

# FREQUENTLY ASKED QUESTIONS – INFUSION SERVICES

## WHAT SHOULD I EXPECT?

Please wear loose, comfortable clothing to allow access for IVs or central lines. Make sure you eat breakfast or have a snack before coming in for your appointment. You are welcome to bring books, personal electronics or laptops to use during your visit. Free wireless internet connection is available. There are also televisions and/or tablets located throughout the department.

## WHAT HAPPENS IF I ARRIVE LATE FOR MY APPOINTMENT?

Please make every effort to arrive at your scheduled treatment time. If you arrive more than 15 minutes late for your appointment, your visit may need to be rescheduled for another time. If you think you will be running late, please call us to determine if we will be able to accommodate the delay.

## CAN I BRING CHILDREN TO MY APPOINTMENT?

Children under the age of 10 are not allowed in patient care areas, and all children must have adult supervision at all times while on UK HealthCare premises.

## WHO DO I CALL IF I NEED TO CHANGE MY APPOINTMENT?

If you just need to change the time of your appointment, please call **859-218-5413** between 8 a.m. and 4:30 p.m. Monday through Friday. If you need to change the date of your appointment, please check with your doctor first.

## WHAT SHOULD I BRING WITH ME?

You need to bring a form of identification (driver's license) and insurance cards for our registration area. Also, please bring a list of the medications you take at home, a copy of your advance directive (if you have one), and any medications that you will need to take during the time you are here. If you have special dietary needs or will be here all day, you are welcome to bring food with you.

## CAN I HAVE VISITORS?

Yes, friends and family members are encouraged to accompany you, especially on your first visit, to provide you with support or to ask any additional questions. It is very important to us that you feel comfortable about your treatment. However, it is not an appropriate setting for small children, and children under 10 are not allowed in the treatment area. Out of respect for our other patients, please limit the number of visitors who come with you to no more than two.

## ARE THERE MEALS OR SNACKS AVAILABLE?

Please eat your regular breakfast before you arrive. Appointments at Gill Infusion will have access to UK HealthCare food services, which include a cafeteria on the first floor of Pavilion A and a café on the ground floor of Pavilion A, just behind the information desk. There are also beverages available at no charge. For Gill Infusion patients, vending machines are located in Pavilion H. For Wellington Infusion patients, vending machines are located next to registration. If you need directions, any information desk can help you.

Patients with special dietary needs are welcome to bring their own food.

## HOW LONG WILL I BE AT MY INFUSION APPOINTMENT?

Treatment times vary according to what medication you will be receiving as ordered by your doctor. Please ask your doctor how long your treatment will take.

# FREQUENTLY ASKED QUESTIONS – INFUSION SERVICES

## **CAN I DRIVE MYSELF HOME AFTER MY TREATMENT?**

Although most patients will be able to drive themselves home, it is a good idea to have someone bring you on your first visit. Some medications cause drowsiness.

## **WHAT SHOULD I WEAR?**

Please wear comfortable clothing with easy access to start your intravenous therapy. Also, it is sometimes cool in the treatment area, so wear clothes that will keep you warm. We also have warm blankets available.

## **I HAVE A LOT OF QUESTIONS. WHO WILL BE ABLE TO ANSWER MY QUESTIONS?**

There is a skilled team of nursing staff, all of whom are qualified to answer your questions. There is a clinical pharmacist who will provide education on first infusion and available for questions during any visit. We will refer you to your physician for questions he/she needs to answer.

## **I NEED ONE-ON-ONE ASSISTANCE WITH DAILY LIVING NEEDS. WILL THIS BE PROVIDED?**

We are happy to assist with small tasks such as walking or getting out of a chair, but our staff is unable to provide one-on-one assistance. If you require a higher level of assistance, or are dependent on lifting, a family member or health aide will need to accompany you to your appointment.

## **WHAT SHOULD I DO IF I USE HOME OXYGEN?**

You are able to use your home oxygen during your infusion visit. We recommend that you bring enough home supplies with you for the duration of your infusion plus your travel time. This includes oxygen tanks, a regulator, tubing, and any cart or bag. If you don't know your infusion appointment's expected duration, then please call us at 859-218-5413.

## **CAN I BRING MY LAPTOP?**

Yes. Wireless internet access is available.

## **WHAT IF I NEED DAILY TREATMENTS?**

Gill and Wellington Infusion Services are open Monday through Friday. For patients who need daily treatments, such as IV antibiotics, arrangements can be made to have infusions at another location.

## TIPS FOR **SUCCESS**

At UK Specialty Pharmacy & Infusion Services, we are here to help you get the most out of your medication. Our clinicians are available 24 hours a day, seven days a week to answer your questions and provide you with the support you need. Below are a few tips that can help you achieve the best results from the therapy prescribed by your doctor:

### **1. FOLLOW YOUR DOCTOR'S DIRECTIONS.**

It is especially important that you follow the directions given by your doctor for your medication in order to get the best results. That includes taking the right dosage at the right time and for the prescribed length of therapy.

### **2. ASK QUESTIONS.**

Educating yourself on the medications you are taking and the disease for which you are being treated is a very important part of dealing with the changes you are experiencing. Ask your doctor or pharmacist for any other educational resources specific to your condition.

### **3. CALL US!**

If you have any unanswered questions or need any further support, call us at any time, day or night, at our toll-free phone number. Our pharmacists are here to help you!

*Please call UK Specialty Pharmacy & Infusion Services at  
844-730-5913 (toll free) for more details.*





# PATIENT SAFETY

## HAND-WASHING INSTRUCTIONS

Infections are serious. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

1. Collect the supplies:
  - ▶ Soap.
  - ▶ Paper towels or a clean cloth towel.
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds.
5. Don't forget about the in-betweens of your fingers and under your fingernails.
6. Rinse your hands with warm water.
7. Dry your hands with a paper towel or clean cloth towel.
8. Turn off your faucet with the towel.
9. If you touch anything (your hair, for example), sneeze into your hands or feel that your hands may no longer be clean, wash your hands again before continuing with your care. If no water supply is available, use an alcohol-based antibacterial hand cleanser.

## ADVERSE DRUG REACTIONS

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP) or local emergency room, or call 911.



# HOW TO THROW AWAY **HOME-GENERATED BIOMEDICAL WASTE**

Home-generated biomedical waste is any type of syringe, lancet or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

If your therapy involves the use of needles, an appropriately sized sharps container will be provided. Please follow these simple rules to ensure your safety during your therapy:

## **SHARPS**

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than three-quarters full.

## **DISPOSAL**

Check with your local waste collection service or public health department to verify the disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [www.cdc.gov/needledisposal](http://www.cdc.gov/needledisposal).

## **NEEDLE-STICK SAFETY:**

- ▶ Never replace the cap on needles.
- ▶ Throw away used needles immediately after use in a sharps disposal container.
- ▶ Plan for the safe handling and disposal of needles before using them.
- ▶ Report all needle-stick or sharps-related injuries promptly to your physician.

## **IF YOUR THERAPY DOES NOT INVOLVE THE USE OF NEEDLES OR SHARP ITEMS**

You do not need a sharps container. You should place all other used supplies in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

# PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

## GENERAL HOME SAFETY – PATIENT EDUCATION

Each year, nearly 21 million people suffer injuries in the home. We want you and your family to live in a safe environment. We have provided some suggestions that could help you prevent an injury within your home. Check every room in your house and make your home safer.

### FALLING

(This is the way people are most often injured in their homes.)

1. Keep the floor clean. Promptly clean up spills.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
3. Use a non-slip mat or install adhesive strips in your tub or shower.
4. Tuck away telephone, computer and electrical cords out of walkways.
5. All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Have all walkways lighted well and use night lights as needed.
7. Have a flashlight that works.

### POISONING

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 800-222-1222 if a poisoning occurs.

### FIRE AND BURN PREVENTION

1. Have smoke detectors in the home, and replace batteries at least once a year.
2. Test each smoke detector once a month.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Check to make sure your water heater is set no higher than 120° F.
6. Keep children away from the stove and never leave the stove unattended while cooking.
7. Keep matches and lighters out of the reach of children.





# PATIENT INFORMATION **ON EMERGENCY PREPAREDNESS**

## **FIRE**

1. Rescue anyone from immediate danger.
2. If you are safe, alert the fire department. Otherwise, evacuate the area.
3. Turn off oxygen (if applicable), and try to contain the fire by closing off any access, such as doors.
4. Attempt to extinguish the fire only if it is in a small localized area, otherwise evacuate the building and notify the fire department once you are safe.
5. If relocation is necessary, please call UK Specialty Pharmacy & Infusion Services to alert us to your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

## **NATURAL DISASTERS (FLOOD, EARTHQUAKE OR TORNADO)**

1. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights and extra batteries. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Evacuate the area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have. Please call UK





# PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

Specialty Pharmacy & Infusion Services to alert us to your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

## POWER OUTAGE

1. Notify your gas and electric companies if there is a loss of power. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Have a battery-operated radio, flashlights, batteries and/or candles available. (If you are on oxygen, turn it off before lighting candles.)

## WINTER STORM

1. Prepare an emergency kit with:
  - ▶ Water.
  - ▶ Non-perishable food.
  - ▶ Battery-operated radio.
  - ▶ Flashlights and fresh batteries.
  - ▶ First-aid kit, including prescription medicines.
2. Keep a full charge in your cell phone.
3. Do NOT use your stove for heat. If your power goes out, use these items as heat sources:
  - ▶ Extra blankets, sleeping bags or warm winter coats, gloves and hats.
  - ▶ A wood-burning fireplace. (Be sure to keep a supply of dry firewood.)
4. Never use a charcoal grill or portable gas camp stove inside your home. Both of these items produce deadly fumes.
5. Avoid using candles as they can lead to house fires. If you do use candles, never leave lit.



# WHAT ARE MY RIGHTS AS A PATIENT

## AT UK SPECIALTY PHARMACY & INFUSION SERVICES?

### You have the right to...

- Be treated with respect and receive care in a safe environment, be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and wrongful borrowing of patient property.
- Know what is medically wrong and how we can help you get better. We will also tell you the things you will need to know when you get home so that you can stay well.
- Ask us to explain your treatment plan. This includes how often you will visit us. And if you don't understand any changes to your treatment, just ask.
- Say "no" to anything we suggest.
- Know how much you will need to pay for our services. And we will tell you how much your insurance will need to pay. We will discuss this with you before you begin your treatment.
- Know about any rules that might affect you or your family.
- Work with us to find the best way to help you get better. This includes helping create and make any changes to your treatment plan.
- Be treated politely and with consideration.
- Receive care, no matter what your age, race, ethnic origin, culture, color, national origin, language, sex, gender identity or expression, sexual orientation, appearance, veteran status, uniformed service, creed, political belief, socioeconomic status, physical or mental disability, religion, or diagnosis consistent with the services that UK HealthCare provides.
- Feel free to tell us your concerns, issues or complaints. Don't be afraid to speak up about your care. If you have a problem, we will look into it.
- Receive treatment for pain.
- Learn how we protect your privacy and personal information.
- Choose your health care providers.
- Have your regular doctor or a family member notified that you are in the hospital.
- Have us explain your duties as a patient.
- Be free from restraints and seclusion in any form that is not medically necessary.
- Know if you would save money by using another pharmacy.
- Have us explain your duties as a patient.
- Speak to a health professional if and when you choose to.
- Know the names of your pharmacy team members and their titles, and speak to their supervisor when requested.
- Have your religious beliefs respected.
- Not be involved in research unless you want to be involved.
- Receive a copy of your medical records; request amendment to your records and request a list of disclosures of your record.
- Receive administrative information regarding changes in, or termination of, the patient management program.

# WHAT ARE MY RIGHTS AS A PATIENT AT UK SPECIALTY PHARMACY & INFUSION SERVICES?

## NEED FOR TRANSFER

UK Specialty Pharmacy and Infusion Services (UKSPIS) will do everything possible to maintain services on behalf of our patients, but there are times when a transfer/discharge/discontinuation might be needed. These include when the patient selects another pharmacy provider and requests transfer/discharge, when the patient's insurance requires the use of another pharmacy, or UKSPIS does not have access to the drug prescribed, when therapy is completed or treatment goals have been achieved or if the patient is no longer able to tolerate the therapy, when the patient's needs can no longer be met, the patient moves out of the service area or remains in the hospital beyond their current certification date, if the physician of the patient will not give orders or sign orders timely, and when the patient refuses care, is noncompliant or cannot be reached over a period time to allow for timely care planning or assessment.

## WHAT CAN I DO TO IMPROVE MY CARE AT UK SPECIALTY PHARMACY & INFUSION SERVICES?

- Make sure your doctor knows that you get your medicines from us.
- Provide us with accurate contact information for you and keep us informed of any changes throughout your care.
- Speak up! Tell us or UK HealthCare your concerns about our services.
- Make sure we have all the forms we need for your treatment. These could be insurance forms or records from other doctors.

## IF YOU HAVE COMPLAINTS OR CONFLICTS...

- ▶ You can complain about anything without worry. If you don't want to talk to your doctor or nurse, please contact the patient representative at **859-257-2178**.
- ▶ If you have conflicts about care, you may ask your nurse or the patient representative how to contact the Ethics Committee by calling Hospital Administration at **859-257-9474** to help resolve those conflicts.
- ▶ If you still have a complaint, you may contact the Kentucky Office of Inspector General at **800-372-2973**. You also may submit your complaint to the Kentucky Board of Pharmacy online at **pharmacy.ky.gov** or by emailing the complaint form to **Katie.Busroe@ky.gov**.
- ▶ Patients in the Kentucky Clinic who have a conflict may go to the Information Desk on the first or third floors and ask Kentucky Clinic Administration to be notified at **859-257-6780**.
- ▶ You may also contact the Joint Commission on Accreditation of Healthcare Organizations at **800-994-6610** or email to: **complaint@jcaho.org**; or contact:

Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Accreditation  
Commission for Health Care (ACHC)  
855-937-2242 (toll free) or  
<https://achc.org/complaint-policy-process.html#achc-complaints-policy>

URAC (Utilization Review Accreditation Commission)  
Visit: [www.urac.org/file-a-grievance](http://www.urac.org/file-a-grievance)





## OTHER IMPORTANT INFORMATION

### TO HELP US HELP YOU, PLEASE...

- ▶ Tell us everything we need to know about your condition and history.
- ▶ Do what your doctor recommends or tell your doctor why you don't want to follow the recommendations.
- ▶ Be considerate of the people with whom you come in contact.
- ▶ Take part in making your hospital stay safe; be an active and involved part of your health care team.
- ▶ Provide your health insurance information or ask us about other options available to assist you with your payments.
- ▶ Let us know if you have legal papers about end-of-life decisions, such as a living will or advance directives. Tell your nurse if you want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at **859-323-5501**.

### WHAT YOU NEED TO KNOW ABOUT ADVANCE DIRECTIVES

As a patient, you have the right to create advance directives. Advance directives are documents that state your choices about medical treatment. They will also allow you to name someone to make decisions about your medical treatment if you are unable to make decisions for yourself.

Kentucky law recognizes three types of advance directives: 1) Living Will; 2) Designation of Health Care Surrogate; 3) Advance Directive for Mental Health Treatment.





## OTHER IMPORTANT INFORMATION

### LIVING WILL

A living will is a document that tells your doctor or other health care providers whether you want treatments or procedures which will prolong your life if you are in a terminal condition or are in a permanently unconscious state. Procedures that can prolong your life may include mechanical respirators to help you breathe, kidney dialysis to clean your body of wastes, CPR (cardiopulmonary resuscitation) to restore your heartbeat, and artificial nutrition and hydration. Your living will may also include your wishes regarding organ donation.

### HEALTH CARE SURROGATE DESIGNATION

This type of advance directive lets you name a specific person to make your medical decisions when you are unable to do so. This person acts in your best interest to authorize treatment, refuse treatment or withdraw treatment when you are temporarily or permanently unable to decide for yourself.

### TO WHOM SHOULD I TALK?

You do not have to have an advance directive. If you choose to write an advance directive giving your instructions, you should first talk with your family and those close to you who are concerned about your care and your feelings.

### WHEN DO I WRITE AN ADVANCE DIRECTIVE?

Illness or injury can happen at any time. It is easier to discuss possible situations and your wishes at a time when you are healthy. You can always change or cancel an advance directive later if you desire.

### WHAT ELSE DO I NEED TO KNOW?

- ▶ Anyone 18 years of age or older can make an advance directive.
- ▶ If you change your mind, you can destroy the document or revoke it either verbally or in writing.
- ▶ You don't need a lawyer to write an advance directive.
- ▶ We do not automatically honor advance directives in outpatient areas as we don't know of your wishes or your visit may be for unrelated care. If you want us to honor an advance directive in an outpatient area, please speak to a nurse or your doctor.
- ▶ While you are a patient at UK HealthCare, if you would like more information on advance directives, you may contact Patient & Family Services in UK Chandler Hospital, Room H149 or by calling 859-323-5501.

# NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Revised September 23, 2013



**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

We are committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your "protected health information" (PHI) includes information about your past, present or future health, health care we provide you and payment for your health care contained in the record of care and services provided by University of Kentucky health care facilities. The purpose of this Notice is to explain who, what, when, where and why your protected health information may be used or disclosed, and assist you in making informed decisions when authorizing anyone to use or disclosure your PHI.

## OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

- ▶ To request in writing to the treatment area a restriction on the uses and disclosures of protected health information as described in this Notice. We are not required to agree to the restriction you request. We may not be able to comply with your request in certain situations, which include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization.
- ▶ To request in writing a restriction on disclosures for payment or health care operations when paying out-of-pocket in full for health care item or service. We are required to agree to this restriction.
- ▶ To obtain a paper copy of this Notice and upon written request submitted to the UK health care facility maintaining the record, inspect and/or obtain a copy of your health record.
- ▶ To amend your health record by submitting a written request with the reasons supporting the request to the Medical Records department. We may deny your request if a) the record was not created by us, unless the person that created the record is no longer available to make the amendment; b) the record is not part of the health information used to make decisions about you; c) we believe the record is correct and complete; or d) you would not have the right to inspect and copy the record as described herein.
- ▶ To request in writing to the Privacy Officer a written list of disclosures we made of your health information, except that we are not required to account for disclosures for purposes of treatment, payment, operations, directory notification, disaster relief, as allowed under certain circumstances by law or pursuant to your authorization.
- ▶ To request in writing to the treatment area that we communicate with you by a specific method and at a specific location. We will typically communicate with you in person; or by letter or telephone.
- ▶ To revoke your authorization to use or disclose PHI at any time except, unless your authorization was obtained as a condition of obtaining insurance coverage, and except to the extent your PHI has already been disclosed pursuant to your authorization. Your revocation request must be made in writing to the Medical Records unit of the facility where you originally filed your authorization.
- ▶ To be notified of a breach of your unsecured protected health information
- ▶ To receive a copy of your medical record in electronic format, if possible.

## OUR RESPONSIBILITIES

Maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

Abide by the terms of the Notice currently in effect. We have the right to change our Notice of Privacy Practices and we will apply the change to all of your personal health information, including information obtained prior to the change.

Post notice of any changes to our Privacy Practices Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request.

# NOTICE OF **PRIVACY PRACTICES**

## **CONTACT FOR QUESTIONS/COMPLAINTS/REQUESTS**

Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request. pursuant to this Notice to: Privacy Officer, 2333 Alumni Drive, Suite 200, Lexington, KY 40517, **859-323-1184** or **859-323-8002**. You may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.

## **HOW WE MAY USE AND DISCLOSE YOUR PHI**

We may use and disclose your PHI for the following purposes:

**Treatment:** We may use and disclose your protected health information to anyone involved in the provision of health care to you, including for example, University physicians, nurse practitioners, nurses and other medical professionals, including our medical students, residents and volunteers. We may also disclose your protected health information to outside treating medical professionals and staff as deemed necessary for your health care.

**Payment:** We may use and disclose your protected health information to billing and collection agencies, insurance companies and health plans to collect payment for our services.

**Health Care Operations:** We may use and disclose your protected health information for our own health care operations. For example, we may use your protected health information to assess your care in an effort to improve the quality and safety of our service to you; to evaluate the skills, qualifications and performance of our health care providers; to provide training programs to students, trainees and other health care providers. In addition, our accountants, auditors and attorneys may use your protected health information to assist our compliance with applicable law.

**Business Associates:** There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your protected health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.

**Individuals Involved With Your Care:** We may disclose your protected health information to family or others identified by you or who is involved in your care or payment for your care. We may also notify a family member, or another person responsible for your care, about your location and general condition, unless you object by contacting the caregiver at the facility providing your care.

**Legally Required Disclosures & Public Health:** We may disclose your protected health information as required by law, including to government officials to prevent or control disease, to report child, adult or spouse abuse, to report reactions or problems with products, and to report births and deaths.

**Heath Oversight Activities:** We may disclose your protected health information to a federal or state health oversight agency that is authorized to oversee our operations.

**Workers Compensation:** We may disclose your protected health information for workers compensation or similar programs.

**Serious Threats to Health and Safety:** We may disclose your protected health information if necessary to prevent or reduce the risk of a serious or imminent threat to the health or safety of an individual or the general public.

**Law Enforcement & Subpoenas:** We may disclose your protected health information to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose your protected health information to others as required by court or administrative order, or in response to a valid summons or subpoena.

# NOTICE OF **PRIVACY PRACTICES**

**Inmates:** We may disclose your protected health information to a correctional facility which has custody of you if necessary a) to provide health care to you; b) for the health and safety of others; or, c) for the safety and security of the correctional facility.

**Information Regarding Decedents:** We may disclose your protected health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

**Research:** We may also disclose your protected health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose your protected health information for research purposes with your authorization.

**Treatment Alternatives:** We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fund Raising:** We may contact you as part of a fund raising effort. You may opt out of fund raising communications by using the contact information listed on the fund raising material you receive

**Directory Information:** We may disclose your name, location and general condition to those persons who ask for you by name or to members of the clergy. You may object to such disclosure by contacting the Registration Office/Desk at the facility from which you received this Notice.

**Appointment Reminders:** We may use and disclose your PHI to provide a reminder to you about an appointment.

## **DISCLOSURES REQUIRING AUTHORIZATION**

- 1. Sale and Marketing of PHI.** We may not sell your PHI or use or disclosure your PHI for marketing purposes without your authorization.
- 2. Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require an authorization.
- 3. All Other Uses and Disclosures.** All other uses and disclosures of your protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already made disclosures pursuant to your authorization.

## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your protected health information that we maintain by posting the revised Notice at our facilities, making copies of the revised Notice upon request to the facility or the Privacy Officer, or posting the revised Notice on our website.



# MEDICARE DMEPOS **SUPPLIER STANDARDS**

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR §424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.

# MEDICARE DMEPOS **SUPPLIER STANDARDS**

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

UK SPECIALTY PHARMACY **PATIENT FEEDBACK**

Please fill out and return this form in the enclosed envelope if you use our Specialty Pharmacy services. Patients who have only used our Infusion Service should fill out only the Infusion Service survey. Patient feedback allows us to constantly evaluate and improve our services. We appreciate you taking the time to fill out the appropriate survey(s).

Thank you!

UK Specialty Pharmacy Patient Satisfaction Survey

Name (Optional) \_\_\_\_\_

What clinic do you visit at UK?

☐ Growth Hormone/  
Endocrinology

☐ GI Clinic

☐ Kentucky Neuroscience  
Institute/Multiple Sclerosis

☐ Rheumatology

☐ Cystic Fibrosis/Pulmonary

☐ Dermatology

☐ Liver/Hepatitis C

☐ Markey Cancer Center

☐ Osteoporosis

☐ Hemophilia

☐ Transplant

☐ Other

If you selected "Other" please specify: \_\_\_\_\_

Select the option that most accurately describes your experience with the UK Specialty Pharmacy staff:

	Completely satisfied	Very satisfied	Satisfied	Somewhat dissatisfied	Dissatisfied
UK Specialty Pharmacy met my service expectations for initial fill and refills of my medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My medication order was complete and accurate, and without damage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My medication order was ready for pick-up or delivered on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty pharmacy staff was courteous and respectful and showed concern for my well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of contacting a pharmacist or staff with a question or problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Completely satisfied	Very satisfied	Satisfied	Somewhat dissatisfied	Dissatisfied
Staff was knowledgeable of my health condition and medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy staff provided me with helpful health information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff assisted in my understanding of the costs and helped me find ways to afford my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy staff explained things in a way that was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of enrollment into UK Specialty Pharmacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

.....

How would you rate our overall service compared to other specialty pharmacies?

☐ Better  
☐ The same  
☐ Worse  
☐ N/A

I would recommend this pharmacy to a friend or family member. (Rating from 0 “Not at all likely” to 10 “Extremely likely”)

☐ 10   ☐ 9   ☐ 8   ☐ 7   ☐ 6   ☐ 5   ☐ 4   ☐ 3   ☐ 2   ☐ 1   ☐ 0

Overall, how satisfied are you with the UK Specialty Pharmacy?

☐ Completely satisfied  
☐ Very satisfied  
☐ Satisfied  
☐ Somewhat dissatisfied  
☐ Dissatisfied

Please share with us any suggestions or improvements for the UK Specialty Pharmacy.



CONFIDENTIAL

UK INFUSION SERVICES **PATIENT FEEDBACK**

Please fill out and return this form if you are or have been a patient at our Wellington Infusion Center.

	Completely satisfied	Very satisfied	Satisfied	Somewhat dissatisfied	Dissatisfied
UK Specialty Pharmacy and Infusion Services met my service expectations for the initial scheduling of my specialty infusion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My infusion order was complete and accurate, and did not result in any delays in receiving therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty pharmacy and infusion center staff were courteous and respectful and showed concern for my well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of contacting a pharmacist or staff with a question or problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy staff provided me with helpful health information, health condition and medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff assisted in my understanding of the costs and helped me find ways to afford my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy and infusion center staff explained things in a way that was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of enrollment into UK Specialty Pharmacy & infusion services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate our overall service compared to other infusion centers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would recommend this infusion center to a friend or family member. (Rating from 0 “Not at all likely” to 10 “Extremely likely”)

☐ 10   ☐ 9   ☐ 8   ☐ 7   ☐ 6   ☐ 5   ☐ 4   ☐ 3   ☐ 2   ☐ 1   ☐ 0

Overall, how satisfied are you with the service you received from our specialty pharmacy and/or infusion center?



[illegible]



# UNIVERSITY OF KENTUCKY **SPECIALTY PHARMACY & INFUSION SERVICES**



ACCREDITED  
Specialty Pharmacy  
Expires 12/01/2023



ACCREDITED  
Infusion Pharmacy  
Expires 12/01/2023



ACCREDITED  
Rare Disease  
Pharmacy Center  
of Excellence  
Expires 12/01/2023

