



 **GW Pharmacy**

Specialty Pharmacy Patient Welcome Packet

GW Medical Faculty
Associates

Thank You for Choosing the GW Specialty Pharmacy

Our specialty pharmacy provides tailored medication management for patients with chronic and complex conditions. We work in lockstep with your GW provider to ensure that your medications are safe, effective, and timely.

OUR SERVICES



Training, education, and medication counseling



Refill reminders



Free delivery of your medication to DC, MD, and VA



Coordination of prior authorization with your insurance company



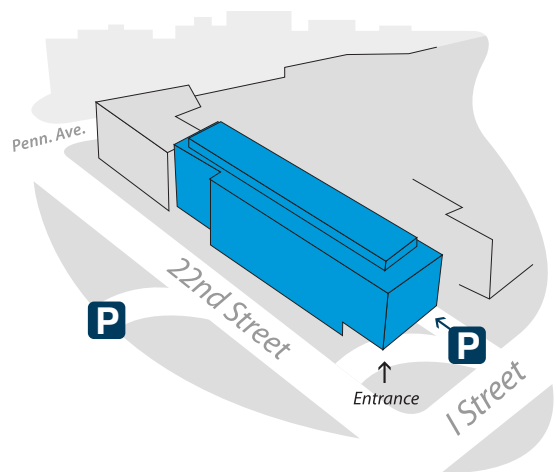
Location of copay assistance

Specialty Pharmacy patients will be enrolled in the Clinical Care Plan Program. Benefits include managing side effects, increasing adherence to drug therapies, and overall improvement of your health.

We look forward to providing you with exceptional pharmacy service.

** Closed on weekends and all major holidays, including New Year's Day, Martin Luther King Jr Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving and Christmas Day.*

LOCATION



GW Specialty Pharmacy

South Pavilion
2150 Pennsylvania Ave., NW
Washington, DC 20037

The entrance can be found at the corner of 22nd and I (Eye) Streets, NW.

Business Hours:

Monday - Friday
8:30 am to 5:30 pm

Phone: (202) 741-3600

Toll-Free: (833) 997-0692

Fax: (202) 741-3606

We are also available on **MyChart**.
To learn more about our patient portal,
please visit: [GWdocs.com/mychart](https://www.gwdocs.com/mychart)

SERVICES

Personalized Patient Care

Our specialty-trained pharmacists will provide you with pertinent information about proper storage, administration, and potential side effects of your medication. We also provide follow-ups and refill coordination to ensure you do not experience any gaps in therapy.

We collaborate with your provider to ensure that your customized treatment plan is safe and effective. Our internal messaging systems allows us to communicate seamlessly with your clinical team to provide updates about your therapy.

Our team also works with your insurance plan and provider to access coverage for your medications and locate financial assistance programs to make them more affordable when available. *

Patient Care Plan Program

We monitor your medications and progress through a disease specific Care Plan. This program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. This optional service is available to all specialty pharmacy patients. If you no longer wish to participate in our Care Plan Program you may contact our team by phone to opt-out.

Refills

You will be contacted by a team member at least seven days prior to your refill date. If you would like to contact us for a refill, you can call and speak to a member of the specialty pharmacy team to process your refill requests.

Prescription Transfers

If our pharmacy can no longer service your medication due to third party restrictions, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.

Delivery and Storage of your Medication

We offer free medication delivery to your home or doctor's office in DC, MD, and VA. We coordinate all refills to make sure that you, or an adult family member, is available to receive the shipment.

If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator. Please ensure that all medication is received prior to discarding the packaging.

Adverse Drug Reactions

If you experience adverse effects to any medication, please contact your doctor or our pharmacy as soon as possible.



PAYMENT POLICY

Our specialty team performs benefit investigations and gets prior authorization approvals if required by your third-party payer. We also locate financial assistance to lower co-payments. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs.

After performing the full benefits investigation, we notify you of your financial obligations that are not covered by your insurance provider or other third-party sources.

Co-payments must be paid at the time of shipping or pick-up. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment.

**Some restrictions apply*

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We will promptly let you know if a breach occurs that compromises the privacy or security of your health information.
- We will not use or share your information other than as described in this Notice, unless you provide us with your authorization.
- If a state law is more restrictive than federal law, we will follow the more restrictive law. For example, in some cases disclosures of your mental health information may be limited unless we obtain your written permission prior to the disclosure.

PATIENT BILL OF RIGHTS:

You are entitled to:

- Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.
- Get an electronic or paper copy of your medical record. We will provide a copy or summary of your health information, usually within 30 days of your request.
- Request confidential communications. You can ask us to contact you in a specific way (for example home or office phone) or to send mail to a different address. We will agree to reasonable requests.
- Ask us to limit what we use or disclose. You can ask us not to use or disclose certain protected health information ("PHI"). We are not required to agree to your request, and we may say no if it would affect your care or if we cannot reasonably comply with your request. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Right to Restrict Disclosures of your PHI to your Health Plan. If you pay for a service out of pocket and in full, you may request that we not disclose information about that visit to your insurance plan and we must honor that request.
- Right to an Accounting of Disclosures. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Get a copy of this Notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- Right to Receive Notice of a Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- The right to speak with a health care professional.
- The right to receive information about the Care Plan Program.
- The right to decline participation, revoke consent, or disenroll at any point in time in the Care Plan.
- 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
- Be informed orally and via written document in advance of any charges patient will be responsible for (including payment for care/service expected from third parties)
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Voice grievances/complaints regarding treatment or care, lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Choose a healthcare provider, including choosing an attending physician, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

PATIENT RESPONSIBILITIES

- To notify your Physician and the Pharmacy of any potential side effects and/or complications.
- To provide accurate medical, clinical, and contact information and to notify the specialty pharmacy team of changes in this information.
- To notify the pharmacy of any concerns about the care or services provided.
- Pay for copays associated with medications filled by the pharmacy.
- To submit forms that are necessary to receive services

PATIENT SATISFACTION SURVEYS

Our pharmacy team is here to support you with your medication management in any way that we can. Please take a moment to let us know how we are doing when selected to complete our patient satisfaction survey. Your feedback is helpful in letting us know what we are doing well and how we can improve our services.



COMPLAINTS:

We want you to be completely satisfied with the care we provide. If you believe an error occurred with your medication, please contact The GW Pharmacy so we can determine if an error occurred and fix any problems. If you or your caregiver have any issues, concerns, problems or complaints, please contact us directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or EMR messages. We will address your concern within 2 business days.

The GW Medical Faculty Associates Pharmacy Complaints

Phone: (202) 741-3600

Toll Free: (833)-997-0692

Fax: (202) 741-3606

The GW Medical Faculty Associates Patient Experience

Attn: Patient Experience Office
The GW Medical Faculty Associates
2150 Pennsylvania Ave, NW
Washington, DC 20037

Phone: (202) 677-6620

Fax: (202) 741-3129

Email: patientexperience@mfa.gwu.edu

If you believe that your privacy rights have been violated, you may file a complaint with The GW Medical Faculty Associates:

The GW Medical Faculty Associates Compliance Department

2120 L Street, NW, Suite 610
Washington, DC 20037

Phone: (202) 741.3341

Fax: (202) 741.2653

Email: PrivacyOfficer@mfa.gwu.edu

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2150 Pennsylvania Ave., NW
Washington, DC 20037

Phone: (202) 741-3600



[GWdocs.com/Pharmacy](https://www.gwdocs.com/Pharmacy)

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