



# Prime Therapeutics Home Delivery Pharmacy

Patient and Caregiver Handbook



# Welcome

## to Prime Therapeutics Home Delivery Pharmacy

We make it easy for you to get your maintenance medicines and provide the support you need to stay on track. A healthier, more vibrant life starts here. Thank you for letting us be a part of your journey.

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## How to contact us

**Toll-free number:** 800.424.8274 (TTY 711)

**Business hours:** Monday through Friday from 7 a.m. to 7 p.m. Central Time (CT)

**The following types of inquiries can be addressed during business hours:**

- Patient financial responsibilities
- Prescription order status
- How to submit a complaint
- Safe drug disposal
- How to address adverse events
- How to report suspected medicine errors

**After hours (for urgent and emergency requests only):**

Monday through Friday from 7 p.m. to 7 a.m. CT, as well as Saturday and Sunday, all day.

## How to send in a new prescription

Ask your provider to write two prescriptions: one for a 30-day supply to fill right away at your local pharmacy and one for a 90-day supply, with refills, to start your home delivery service. Then, choose one of the options below:

- Ask your provider to ePrescribe to Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando).
- Ask your provider to fax your prescription to **888.282.1349**. Faxed orders need to come from a doctor's office and include patient information and diagnosis.
- Mail us your 90-day prescription and home delivery order form with payment to Prime Therapeutics Pharmacy, P.O. Box 620968, Orlando, FL 32862. Home delivery order forms are available at **PrimeTherapeutics.com/PatientForms**.

## How to access digital tools

### Patient portal

Depending on your insurance plan, you may be able to access the home delivery portal. Log in to request refills, make payments, review order status and more. Visit **PrimeTherapeutics.com/HomeDelivery/Patient**. Please note your insurance plan may ask you to use a different portal to access home delivery.

## About your delivery

We can give you a delivery date but cannot confirm delivery times. Orders are sent to the main delivery address we have on file for you. Some orders may require a signature. If you need someone to sign for you, simply let us know at the time of your order. We can ship to an updated address if needed.

## Packages

Your order is safely packed and shipped to you. For example, we use cold packs for some medicines. It is important to put these medicines in the fridge as soon as you open your package. Cold packs may soften during shipping. That will not impact the integrity of your medicine. If you have questions about your medicine, call us.

## Delivery or suspected medicine issues

We try to avoid problems with deliveries, but they do sometimes occur. If you have any delivery problems, we can help you solve them quickly:

- **Incomplete delivery:** Please check your order as soon as you receive it. The best way to do this is to match up the items on the packing list to the items inside your package. If you find anything missing, please call us right away.
- **Suspected medicine errors:** Call us as soon as possible if you have questions about the way your medicine looks or feels; or if you suspect a medicine error has occurred.
- **Late delivery:** Call us if your delivery does not arrive on the date expected. We will get in touch with the delivery service to locate your order. If needed, we will find other options to get your order to you as soon as possible.
- **Damaged goods:** We will need to get some information if your medicine or the package it was shipped in is damaged. Please call us as soon as possible after you have written down the information we need (listed below), and we will arrange a replacement for you. Please find the delivery receipt within the package and write the following on it:
  1. The number of medicine boxes damaged
  2. The number of damaged items inside the medicine boxes
  3. The type of damage
  4. The medicine's lot number and expiration date

## **Deliveries during emergencies or natural disasters**

If a natural disaster happens where you live, we will do our best to get your medicine to you.

- If you must leave your home, call us. We will need your updated address and phone number.
- If you decide to stay home, call us. We will need to know if a delivery truck can reach you. If not, we can help you find a different method.
- If you need emergency care or medical supplies, go to a hospital in the nearest unaffected area.

## **Medicine safety**

### **How to store your medicine**

Open your package and read all instructions. Do not let your medicine sit unopened.

- If your medicine needs to be refrigerated, make sure the temperature stays between 36° to 46°F.
- If your medicine can be stored at room temperature, make sure it stays out of direct sunlight and between 59° to 86° F.
- Do not store your medicine with household items or food. A separate shelf is best. If this is not possible, put your medicine in a zip-seal bag.
- Be sure to place new medicine and supplies behind older ones. Use the oldest medicine first for your safety.

### **How to wash your hands for infection control**

Follow these steps before you handle and take your medicine:

1. Wet your hands with clean, running water (warm or cold).
2. Apply soap and lather your hands by rubbing them together. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds.
4. Rinse your hands under clean, running water.
5. Dry your hands using a clean towel or air dry them.

## Learn how to safely get rid of unused meds

1. Go to a year-round drug take back site right away. This is the best way to get rid of your unused medicine. Find a take back location near you through the FDA's drug take back location page: **[FDA.gov/Drugs/Disposal-Unused-Medicines-What-You-Should-Know/Drug-Disposal-Drug-Take-Back-Locations](https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations)**
2. Participate in a National Drug Take Back Day. The U.S. Drug Enforcement Administration (DEA) hosts these days twice a year across the country. These days are a good time to clean out your medicine cabinet and drop off your unused drugs at a take back site. Check out an event near you: **[DEA.gov/TakeBackDay](https://www.dea.gov/TakeBackDay)**
3. Reach out to local police. Many police agencies have drug collection units available for free.
4. Learn more from the FDA. If you can't get to a drug take back site, please visit the FDA's page on how to safely get rid of your drugs: **[FDA.gov/Consumers/Consumer-Updates/Where-And-How-Dispose-Unused-Medicines](https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines)**

## How to dispose of needles and drug equipment

Used supplies should be thrown out in a puncture-resistant container. This includes needles, syringes and other drug equipment. Do not handle needles. They should not be recapped, bent, broken or removed from syringes. You can also find drop-off locations near you. For more information, you can:

- Visit **[SafeNeedleDisposal.org](https://www.safeneedledisposal.org)**
- Call **800.643.1643**
- Research federal and state laws for proper and safe disposal

## Adverse drug reactions

Please call your provider or 911 if you start to feel ill after taking your medicine.

If you are experiencing an adverse drug reaction that you feel does not require immediate medical attention, you may also call and speak to one of our pharmacists to report what you are feeling.

## Drug recalls

Sometimes medicines can become unsafe. These are classified as one of the following:

- Class I
- Class II
- Class III
- Voluntary manufacturer recall by the Federal Food, Drug, and Cosmetic Act

If this happens, we will contact you and let you know what to do. We will help you get your new medicine as soon as possible. Based on the type of recall, you will get a phone call or letter from us.

## Condition education

You will see a document in your first order of any new medicine(s). This is the patient education monograph. It includes:

- A description of your medicine
- Directions for taking, storing and handling your medicine
- Possible side effects
- Why it is important to take your medicine as prescribed

If you would like another copy, let us know when you order your next refill.

Evidence-based health information is also available upon request. This is helpful if you would like to know more about your health condition. It explains how scientific studies are used to help decide standards of care.

- Standards of care show how certain symptoms and personal health requirements are used to determine treatment. This is known as treatment diagnostics.
- If you are not responding to your medicine as expected, your doctor or pharmacist may suggest a change. This is called treatment intervention.

## Drug substitution and generics

We will provide generics when available, as required by state and federal laws. We do not perform drug substitutions.

## Prescription transfer

You will need to call us to transfer a prescription to another pharmacy.

Note: Your benefit may not allow the use of another pharmacy.

## Refill requests

The easiest way to request a refill is through your online patient portal.

You can also call us at **800.424.8274 (TTY 711)**.

## Prescription order status

You can look up your prescription order status through your online patient portal, or you can call us at **800.424.8274 (TTY 711)**.

## Payment options

Your plan may require you to pay a copay or coinsurance. You have the following options:

- Visit your online patient portal and log in to make payments and update payment information.
- Authorize us to charge future orders to a credit card. This will help you avoid balances that can disrupt your therapy.
- Have us call you to collect your payment. After two unsuccessful attempts to reach you, your order will be cancelled.
- Ask our billing staff about any available copay assistance programs. They will refer you to funding sources that can help.

## Geographic area served

Prime Therapeutics Pharmacy serves patients in all regions across 50 states. Every attempt is made to ensure patients receive their medicine on time and where it is needed. We do not ship outside of the United States.



## Language services

We provide language assistance services free of charge to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages
- Large print and audio

Call us at **800.424.8274 (TTY 711)** if you need any of these services.

Podemos ayudar a las personas que no hablan inglés a través de nuestros servicios de:

- Traductores
- Materiales de instrucción en otros idiomas
- Letra grande y audio

Si necesita solicitudes especiales, por favor, póngase en contacto con nuestro departamento de ayuda para clientes al número gratuito de **800.424.8274 (TTY 711)**.

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 800.424.8274 (TTY 711).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800.424.8274 (TTY 711).

### Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800.424.8274 (TTY 711)。

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800.424.8274 (TTY 711).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800.424.8274 (TTY 711). 번으로 전화해 주십시오.

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800.424.8274 (TTY 711).

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800.424.8274 (TTY 711).

### French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800.424.8274 (TTY 711).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800.424.8274 (TTY 711).

### French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800.424.8274 (TTY 711).

### Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800.424.8274 (TTY 711).

### Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800.424.8274 (TTY 711).

### Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800.424.8274 (TTY 711) まで、お電話にてご連絡ください。

### Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800.424.8274 (TTY 711).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800.424.8274 (TTY 711).

### Persian

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800.424.8274 تماس بگیرید.

### Navajo

Díí saad bee yáńílti'go **Diné Bizaad**, saad bee aká'ánida'áwo'déé', t'áá jiiik'eh, éí ná hóló, kóji' hódíílinih 800.424.8274 (TTY 711).

## Important regulatory information

Discrimination is against the law. Prime Therapeutics Pharmacy follows civil rights laws and treats all people equally. We do not discriminate against anyone based on race, color, national origin, age, physical or mental ability or gender.

If you believe we have not provided these services or discriminated in another way, you can file a grievance with our compliance department by:

- **Mail:** Corporate Compliance Department  
Attn: Civil Rights Coordinator  
2900 Ames Crossing Road, Suite 200  
Eagan, MN 55121
- **Email:** [Compliance@PrimeTherapeutics.com](mailto:Compliance@PrimeTherapeutics.com)
- **Phone:** 612.777.5523

To contact the U.S. Department of Health and Human Services Office for Civil Rights:

- **Online:** [OCRPortal.HHS.gov](https://ocrportal.hhs.gov). Complaint forms available at:  
[HHS.gov/Forms](https://HHS.gov/Forms)
- **Mail:** U.S. Department of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building,  
Washington, D.C. 20201
- **Phone:** 800.368.1019

## Rights & responsibilities form

Please read the pages titled **Patient rights and responsibilities** and **Notice of privacy practices**. Then, complete this form to confirm:

- You have received the Prime Therapeutics Home Delivery Pharmacy Patient and Caregiver Handbook
- You have read and understand your rights and responsibilities as a patient of Prime Therapeutics Pharmacy
- You have read and understand the pharmacy's notice of privacy practices

**Patient name:** \_\_\_\_\_

**Patient date of birth:** \_\_\_\_\_

**Patient ID (optional):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If patient is under 18, parent or legal guardian must sign)

**Printed name:** \_\_\_\_\_

### **Please tear out this page and mail completed form to:**

Prime Therapeutics Pharmacy  
6870 Shadowridge Drive, Suite 111  
Orlando, FL 32812

**OR**

### **Contact us at 800.424.8274**

to provide verbal confirmation to a customer service representative.

To access this form online, visit **PrimeTherapeutics.com/PatientForms** and find the **Rights & Responsibilities form**.

## Patient rights and responsibilities

**As a patient of our home delivery pharmacy, you have the right to:**

- Be treated with kindness and respect
- Be free from neglect, or verbal, mental, sexual and physical abuse
- Get correct and clear details about your treatment and/or drug therapy
- Get details and advice from our pharmacist about your drugs
- Discuss your specific drug therapy and possible side effects and drug interactions with our pharmacist
- Expect that medicines you receive are accurately dosed, effective and in usable condition
- Choose where you get your medicine and not be pressured into sending your prescriptions to another pharmacy or specialty service
- Refuse care or treatment after being informed of the consequences
- Receive appropriate care without discrimination
- Be informed if a medicine has been recalled
- Voice your complaints regarding treatment or recommend changes in policy, personnel or service without restraint
- Contact us with complaints concerning medicine or privacy matters
- Be able to identify representatives with proper identification
- Receive information about care or services that are provided directly or through contractual arrangements, as well as any limitations to care or service capabilities

- Be fully informed of your responsibilities and receive information in a manner, format and/or language that you understand
- Receive complete verbal and written explanations of charges for care, treatment and services
- Receive an explanation of all forms you are requested to sign prior to treatment
- Be informed of your financial responsibility before receiving care
- Be informed about payments that may be expected, or any other third-party payer charges
- Be informed of any change in plan of service before the change is made
- Be informed of any financial benefits you may be entitled to when you are referred to an organization
- Protection of your medical record and know that we will only release information as described in the notice of privacy practices
- Privacy of all information contained in the client/patient record
- Be advised on the policies and procedures regarding the disclosure of clinical records
- Have family members, as allowed by law and with your authorization or the authorization of your representative, participate in your care and treatment and/or service decisions affecting you

**As a patient of our home delivery pharmacy, you have the responsibility to:**

- Send forms that may be needed in order to receive service
- Complete forms to the best of your knowledge with the necessary information to plan and provide care/services
- Participate in the development of an effective care plan, treatment and/or services and follow the plan of treatment or service established by your physician
- Be willing to follow directions and be compliant with therapy
- Ask questions about any concerns regarding your care, treatment, services and/or any instructions provided by representatives
- Care for and safely use medicines, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed
- Control infections by following proper handling procedures: wash hands thoroughly before and after handling medicines and dispose of needles in an appropriate container
- Communicate any information, concerns and/or questions related to perceived risks in your services and unexpected changes in your condition

- Notify us if:
  - You are going to be unavailable for scheduled delivery times
  - You need to report changes to any known drug allergies
  - There are changes in your physical condition, prescriptions, over-the-counter medicines or supplements
  - Your address or telephone number changes, whether temporary or permanent
- Notify the treating provider of participation in the services provided
- Treat personnel with respect and dignity without discrimination as to color, religion, gender, or national or ethnic origin
- Pay all invoices upon receipt and understand that Prime Therapeutics Pharmacy acts solely as an agent for you in filing for insurance or other benefits assigned to us

NOTE: We assume no responsibility for ensuring that benefits will be paid, and your account will only be credited when we receive payment.

## Notice of privacy practices

Effective date: March 2023

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

This notice of privacy practices ("Notice") applies to the Prime Therapeutics Pharmacy ("Prime"). Prime is required by law to maintain the privacy of protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to PHI and notify affected individuals following a breach of unsecured PHI. PHI is information that identifies you and is related to your health, condition or payment for health care services.

Prime will comply with the terms of this Notice that is currently in effect. However, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If a material change is made to this Notice, we will post the revised Notice on our public website at **PrimeTherapeutics.com/NOPP**. We will also provide the Notice upon request.

### Uses and disclosures of PHI

The following categories describe the ways that we may use and disclose PHI. For each category of uses and disclosures, examples will be provided. Not every use or disclosure in a category will be listed. However, all the ways Prime is permitted to use and disclose PHI will fall within one of these categories. State laws and regulations may impose further limits or requirements on our ability to use or disclose your PHI or certain categories of your PHI. We will follow more stringent state laws and regulations that apply to us. For more information about these kinds of state law restrictions and how they may apply to our uses and disclosures of certain PHI, please contact our privacy officer as noted at the end of this document.



## **Treatment**

We may use and disclose your PHI to provide you with prescribed medicines and related services. For example, we may use PHI when we fill your prescription, or we may disclose some of your PHI when we consult with your doctor regarding possible interactions between medicines.

## **Payment**

We may use and disclose your PHI to obtain payment for the services we have provided. For example, we may submit information about you to your health plan or other claims payer so that we can be reimbursed for prescriptions provided to you, or to make sure your medicine is included in your prescription benefit.

## **Health care operations**

We may use or disclose PHI to carry out health care operations that pertain to running a pharmacy. Examples of such health care operations include:

- Activities to analyze trends related to improving health or reducing health care costs (called population-based activities)
- Case management and coordination of health care
- Quality assurance activities (including audits by third parties)
- Contacting providers and patients with information about other treatment options

We may use or disclose your PHI for these or other activities that fall under this definition, such as processing customer complaints or fraud detection and investigation.

## **Health oversight activities**

We may disclose PHI to a health oversight agency for compliance activities authorized by law. These activities may include audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies include government agencies that oversee the health care system, government benefits programs, compliance with civil rights laws and other government regulatory programs.

## **Required by law, lawsuits, disputes and other legal actions**

We may use and disclose PHI when required by law to do so. We also may use and disclose PHI in response to a subpoena, warrant, summons, court or administrative order or other lawful process when certain requirements are met. We may also use and disclose PHI in response to legal cases that directly involve you or us.

### **Law enforcement**

We may use and disclose PHI in response to a request from law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; about the victim of a crime under certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in response to a court order, subpoena, warrant, summons or similar process permitted by law.

### **Public health activities or to avert a serious threat to health or safety**

We may use and disclose PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (FDA) or an entity regulated by the FDA regarding problems with products and reactions to medicines; and reporting disease or infection exposure. We may use and disclose PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if certain conditions are met. Such disclosure will be made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

## **Release of information to family members**

In some cases, we may use and disclose limited information — to your family member, other relative, close personal friend or anyone else identified by you — PHI that is directly relevant to such person's involvement in your care or payment of your care. In addition, we may use and disclose your PHI to notify (or assist in the notification of) your family member, personal representative or another person responsible for your care of your location, general condition or death. In both cases, when you are present, we will obtain your agreement to the disclosure, provide you with an opportunity to object to the disclosure or exercise our professional judgment to infer that you do not object to the disclosure. If you are not present, we will disclose your PHI only if we determine that such disclosure is in your best interest in the exercise of our professional judgment.

## **Release of information to the armed forces**

If you are or were previously a member of the armed forces, we may use and disclose your PHI to the armed forces for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose your PHI to the foreign military authority in certain circumstances.

## **Abuse or neglect**

We may use and disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence. As required by law, if we believe you have been a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental entity authorized to receive such information.

## **Coroners, medical examiners and funeral directors**

We may use and disclose your PHI to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. We also may disclose PHI to funeral directors as necessary to carry out their duties.

## **Organ and tissue donation**

We may use and disclose your PHI to organizations that handle organ, eye or tissue donation and transplantation.

## **Research**

We may use and disclose your PHI for research purposes subject to certain requirements, including pursuant to a waiver of authorization by an institutional review board or privacy board, or through the removal of direct identifiers from the research data.

## **National security and protective services**

We may use and disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the president and other authorized persons or heads of state.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use and disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

## **Workers' compensation**

We may use and disclose PHI about you for workers' compensation or similar programs.

## **Other uses and disclosures**

For any other uses and disclosures of PHI, we will seek your written authorization. For example, any uses or disclosures of PHI for marketing purposes or that constitute the sale of PHI require your written authorization. You may revoke your authorization at any time in writing. If you revoke your authorization, we will no longer use or disclose PHI except to the extent we have already taken action based on your prior permission.

## **Your rights regarding PHI**

You have certain rights regarding your PHI, as described below.

To exercise any of those rights, you must submit your request in writing to:

Prime Therapeutics LLC  
Attention: Privacy Officer  
PO Box 64812  
St. Paul, MN 55164-0812

### **Right to request restrictions on uses and disclosures**

You have the right to request restrictions on certain uses and disclosures of PHI for treatment, payment or health care operations. We will consider each request, but we are not required to agree to any requested limits, except that we must agree to a request you make for us to not disclose PHI to your health plan about a health care item or service for which we have been paid in full out of pocket.

### **Right to receive communications by alternative means or at an alternative location**

You have a right to request that we communicate with you at an alternative location or by alternate means. For example, you may request that we contact you at home rather than at work. All such requests must be in writing and include information on how payment, if any, will be handled, and specify an alternative address or method of contact. All reasonable requests will be granted.

### **Right to inspect and copy PHI**

You have a right to review and ask for a copy of your PHI that is part of our designated record set. In certain circumstances, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial. We may charge a reasonable cost-based fee to copy, process and mail your information.

## **Right to amend PHI**

You have the right to request that we amend the information that we have in our designated record set if you believe that the information is incorrect or incomplete. Your request must be made in writing and include a detailed description of what information you seek to amend and the reasons that support your request. We may deny this request in certain cases, such as if we determine that the records are complete and accurate, or that we did not create the information you are requesting to change.

## **Right to receive an accounting of disclosures**

You have a right to request an accounting of certain disclosures of your PHI. The accounting does not include certain disclosures, such as: (1) those made for treatment, payment or health care operations; (2) those made prior to April 14, 2003; (3) those made with your written permission; and (4) those made for law enforcement or national security purposes.

Your request for an accounting of disclosures must be made in writing, and you may request an accounting for disclosures made up to six years before your request. You may receive one such accounting per year at no charge. If you request another accounting during the same 12-month period, we may charge you a reasonable fee; however, we will notify you of the cost involved before processing the accounting.

## **Questions**

If you have any questions about this Notice or our privacy practices, contact us at:

Prime Therapeutics LLC  
Attention: Privacy Officer  
PO Box 64812  
St. Paul, MN 55164-0812

**Telephone:** 888.849.7840

**Email:** [Privacy@PrimeTherapeutics.com](mailto:Privacy@PrimeTherapeutics.com)

## **Right to obtain a paper copy of this Notice**

You have a right to receive a paper copy of this Notice, even if you have received a copy of this Notice electronically. To request a paper copy, contact the privacy officer at the address listed above.

## **Complaints**

You may file a complaint with us if you feel that your privacy rights have been violated. You will not receive a negative reaction from us because you filed a complaint. Contact us at **800.424.8274** or submit your complaint in writing:

Prime Therapeutics Pharmacy Quality Department  
6870 Shadowridge Drive, Suite 111  
Orlando, FL 32812

**Telephone:** 800.424.8274

You may also file a complaint with the U.S. Secretary of Health and Human Services at **[HHS.gov/OCR/Privacy/HIPAA/Complaints/Index.html](https://www.hhs.gov/OCR/Privacy/HIPAA/Complaints/Index.html)**.

