

Dear Patient,

Welcome to Reliance Rx, your new specialty pharmacy. Our commitment to you is to provide the best customer service in the industry. Our patient service representatives are specially trained to help you navigate through the complexities of these medications. Do not hesitate to contact us with any questions or concerns. We are here to help.

## Reliance Rx information

- **Experienced Staff:**

Reliance Rx employs knowledgeable and friendly staff, including Registered Pharmacists, and Pharmacy Technicians.

- **Delivery:**

Reliance Rx delivers medications to your home or office Tuesday-Friday, with Saturday deliveries upon approval. Reliance Rx is able to ship to all 50 states nationwide.

- **Financial Information:**

Reliance Rx provides transparent financial information including out of pocket costs such as deductibles/co-pays/co-insurance, the network status of our pharmacy, and the cash price of a medication (upon request).

- **Emergency Service:**

An on-call Pharmacist is available 24 hours a day, 7 days a week to service any after hours emergencies, adverse reactions, or questions. (No refill requests please) For urgent medical issues, call 911.

- **Grievance/Complaint Procedure:**

If you have a grievance or complaint please do not hesitate to contact us immediately at (716) 929-1000 to have the matter investigated and resolved quickly to ensure the continuance and quality of care you receive. You may also request to be transferred to a member of our management team at any time. Additional grievance/complaint entity contacts are provided below for your convenience.

- **Missed Dose:**

Please see your drug monograph for information on missed dose or call us at (716) 929-1000 to speak to a pharmacist.

Our patient care representatives are here to assist you. Simply call (800) 809-4763 or (716) 929-1000, Monday through Thursday, 8am-7pm and Friday, 7am-5pm.

Please visit our website at [www.reliancexsp.com](http://www.reliancexsp.com) to learn more about our company and be sure to visit the Reliance Rx Patient Portal, your gateway to better communication. If you have any questions if you are in or out of network and the differences in cost, please contact one of our representatives.

We thank you for your trust.

Amy Nash

President, Reliance Rx



### Additional Contact Numbers for Grievances/Complaints

Accreditation Commission for Health Care (855) 937-2242

New York State Office of the Professions (800) 442-8106

State Boards of Pharmacy found via website [nabp.pharmacy](http://nabp.pharmacy)

New York State Attorney General (800) 771-7755

The Joint Commission via website ([www.jointcommission.org](http://www.jointcommission.org))

or by mail to: Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Utilization Review Accreditation Commission (202) 326-3941



**Effective Date: September 19, 2013**

**Revised Date: February 22, 2019**

## **OUR PROMISE**

At Reliance Rx, we recognize our responsibility to actively protect your personal information. We value the relationship we have with our patients and are committed to protecting your information with administrative, technical, and physical safeguards to guard against unauthorized access as well as threats and hazards to its security and integrity. We take great care to safeguard your personal information using industry best practices. We train our employees on a regular basis about the importance of protecting your personal information. We protect the privacy of your information in accordance with federal and state privacy and security laws and regulations such as the Health Insurance Portability and Accountability Act (HIPAA), as amended from time-to-time.

**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.**

## **WHAT IS YOUR PERSONAL INFORMATION?**

Personal information is any information about you received or created by Reliance Rx for the purpose of dispensing your prescriptions. This includes any information that can identify you as an individual, such as your name, address and Social Security Number, as well as your financial, health, and other information.

## **HOW RELIANCE RX USES AND DISCLOSES YOUR PERSONAL INFORMATION**

Reliance Rx may use and disclose your personal information in the following ways:

- **For Treatment.** We may use your health information to dispense prescriptions to you. We may disclose your personal information to treating physicians, pharmacists and other persons who are involved in dispensing your prescription. We may use or disclose your health information for prescription refill reminders, to tell you about health-related products or services, or to recommend possible treatment alternatives that may be of interest to you.
- **For Payment.** We may use and disclose your personal information so that your pharmacy services may be billed to, and payment collected from you, your insurance company or a third party.
- **For Healthcare Operations.** We may use and disclose your personal information for pharmacy operations, which include activities necessary to run the pharmacy, and to make sure that you receive quality customer service.

## **USES AND DISCLOSURES REQUIRED BY LAW**

We may use or disclose your personal information without your authorization when required by law:

- **For public health and disaster relief efforts.**
- **To regulatory bodies,** such as the United States Department of Health and Human Services (HHS), the New York State Department of Financial Services (DFS) and the New York State Department of Health (DOH).
- **To report public health activities.** For example, we may report to entities that track certain diseases such as cancer.
- **To a coroner or medical examiner** to help identify a deceased person, to determine a cause of death, or as authorized by law. We may also disclose your personal information to a funeral director as necessary to carry out their duties.
- **To public health agencies in order to avoid harm.** For example, we may report your personal information to a government authority if we believe there is a serious health or safety threat to you or others, or in cases of child abuse, neglect or domestic violence.
- **For health oversight activities,** such as audits, inspections, licensure and disciplinary actions.
- **To meet legal requirements.** For example, in response to a court ordered subpoena.
- **For law enforcement activities.** For example, we may disclose personal information to identify or locate a suspect, fugitive, material witness or missing person, to report a crime or to provide information about crime victims.
- **For specific government functions,** such as military and veteran activities, national security and intelligence activities, and providing protective services to the President.
- **For workers' compensation purposes.**

## **OTHER USES AND DISCLOSURES**

We may also use or disclose your personal information without your authorization in the following miscellaneous circumstances:

- **For purposes of organ donation,** such as for procurement, banking or transplantation of organs, eyes, or tissue.
- **For research.** If we use or disclose your personal information for a research project that contributes to knowledge generally, we take steps to keep your information private and secure. In some instances we may have a research review board approve

the procedures we have put in place to secure your personal information. If we do not receive approval from a research review board, we will ask for your authorization before we use or disclose your personal information for research.

- **Delivery.** For delivery services, we may authorize a commercial carrier or our delivery personnel to leave a package without your signature unless you notify us in writing not to follow this practice.
- **If your personal information has been de-identified.** “De-identifying” information means removing all parts of your information that could identify you. HIPAA gives us rules to follow when “de-identifying” your personal information and permits us to disclose de-identified information without your authorization.

## SPECIAL CONSIDERATIONS

Either State or Federal law contain important limitations on how we can disclose your personal health information pertaining to HIV/Aids, mental health, alcohol and substance abuse and sexually transmitted diseases. For those conditions, we follow rigorous standards that provide heightened privacy protections to you. These additional standards are designed to give you added security and confidence regarding our handling of such information while still allowing you to obtain needed medical treatment freely and without hesitation.

## USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If we disclose your information for a reason that does not fit in one of the general categories listed above, we must obtain your written permission. This written permission is called an “authorization.” Here are examples of instances when **we must ask for your permission** before disclosing your personal information:

- If you consult an attorney and your attorney needs your personal information in order to represent you.
- If anyone other than you or a doctor who is treating you asks us to disclose your personal information.
- If we use your personal information to market an outside company’s product or service and we receive financial payment from the outside company for making the communication. However, we may send you prescription refill reminders, to tell you about health-related products or services, or to recommend possible treatment alternatives that may be of interest to you without asking for your authorization first.

If you give us written permission and then change your mind about that permission, you may take back or revoke your written permission at any time, except if we have already acted based on your permission.

## YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

By law, you have several important rights with respect to your personal information. You may exercise any of the rights described below.

- **You have the right to ask us to restrict** how we use or disclose your personal information for treatment, payment, or health care operations. You may also ask that we limit the information we give to others who are involved in your health care or payment for your health care such as a family member or a friend. Your request may be received verbally or in writing. Please note that we will accommodate reasonable restriction requests. If we do agree, we will honor your request unless it is an emergency situation. Also, if you choose to restrict disclosures to your health plan regarding prescribed medication, the prescribing provider can provide you, upon request, with a paper prescription to allow you an opportunity to request a restriction and pay for the prescription directly out-of-pocket, paying in full, with the pharmacy BEFORE the pharmacy submits a bill to the health plan. All parties involved in this restriction must be informed of this decision by the patient before standard billing and payment practices are initiated by the prescribing provider and the pharmacy.
- **You have the right to ask us to communicate with you by a different method or in a different manner.** For example, if you believe that you would be harmed if we send your personal information to your current mailing address (situations involving domestic disputes), you may ask us to send your personal information by fax instead of mail or to a P.O. Box instead of your home address. We will agree to reasonable requests.
- **You have the right to request a copy** of your personal information in your designated record set, including an electronic copy in many cases. You also have the right to inspect your personal information in your designated record set. A “designated record set” is a group of records that is used by or for us to make decisions about you. We may ask you to request copies of your personal information in writing and to specify the information you are requesting. We also may charge a reasonable fee for copying and mailing your personal information. In certain situations, we may deny your request, or part of your request, but we will tell you why we are denying your request. You have the right to ask for a review of that denial.

- **You have the right to ask us to make changes** to your personal information we maintain about you in your “designated record set” if you believe it is wrong or if information is missing. This is called the right “to amend” your personal information. Your request may be verbal or in writing, but you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within the 60 days, we may extend that time by no more than an additional 30 days. If we make the change, we will notify you that it was made. In some cases, we may deny your request to change your personal information. For example, we may deny your request if we did not create the information you want changed. If we deny your request, we will notify you in writing about the reason for the denial. The denial will explain your right to file a written statement of disagreement. These statements will be filed with the record you asked us to change.
- **You have the right to ask for an accounting of disclosures** we have made for reasons other than treatment, payment and health care operations. You have the right to receive a maximum of six (6) years’ worth of disclosures in your accounting. Your request for an accounting must be in writing and specify the information requested. We will act on your request within 60 days, unless we need an additional 30 days.
- **You have the right to receive an electronic or paper copy of this notice.**
- **You have the right and will receive notice about any breaches** of your personal information in accordance with applicable state and federal laws.
- **You have the right to file a complaint** if you believe your privacy rights have been violated or if you disagree with a decision we made about your access to your personal information. We will not take any action against you for filing a complaint. You may contact us with your complaint by calling, or writing Reliance Rx’s Privacy Office at HIPAA Privacy, Reliance Rx, 15 Earhart Drive, Suite 101, Amherst NY, 14221 or 1-800-809-4763. You could also contact the United States Department of Health and Human Services (HHS).

## OUR OBLIGATION

We are required by law to maintain the privacy of your personal health information, give you notice of our legal duties and privacy practices, notify you following a breach of your personal information, and to follow the terms of the notice currently in effect. We may change the terms of this notice at any time. The revised notice will apply to any personal information we maintain. Once revised, we will give you the new notice by United States mail and will post it on our website.

## YOUR RESPONSIBILITY

If you would like to exercise any of these rights, contact the pharmacy to get the appropriate form, or submit a written request to Reliance Rx, 15 Earhart Drive, Suite 101, Amherst NY 14221. A paper copy of this Notice may be obtained at Reliance Rx. (Special arrangements will need to be made as Reliance Rx is not a Retail organization and therefore has no public access)

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this Notice, contact HIPAA Privacy, Reliance Rx, 15 Earhart Dr, Suite 101, Amherst NY, 14221 or call 1-800-809-4763. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, with the Compliance Officer at the above address, or with the Secretary of the Department of Health and Human Services, Office of Civil Rights.

## **Patient Bill of Rights and Responsibilities**

### **As a patient of Reliance Rx Specialty Pharmacy, you have the *right* to:**

1. Be provided information so that you are informed of all of your rights and responsibilities.
2. Be given professional, quality, appropriate, understandable pharmacy services without discrimination against race, creed, color, national origin, religion, gender, sexual preference, handicap, or age.
3. Be treated with dignity, fairness, and respect without discrimination by all pharmacy staff.
4. Contact and speak with a pharmacist for emergency situations 24 hours a day, 7 days a week (including holidays), provided through a toll-free line.
5. Be informed of any potential health benefits and limitation of services that are provided by Reliance Rx Patient Management Program
6. Be informed of the opt-out opportunities available to you, including the ability to opt out of the Patient Management Program.
7. Discuss any questions or concerns about your medication with a pharmacist.
8. Be given honest and ethical professional care based on physician orders.
9. Be fully informed, in advance of service, of all services available at Reliance Rx and the fees for those services, as well as any changes that may be made to your current plan of care.
10. Be informed in advance orally and, if requested, in writing of the charges, including payment for service expected from third parties and any charges for which you will be responsible.
11. Be provided with effective counseling and education that empowers patients to take an active role in your medication therapy and be notified of any change in the care plan or the services provided before the changes are made.
12. Be provided information that is complete and current regarding your diagnosis or treatment.
13. Refuse treatment or care plans and be informed about the resulting consequences of refusing treatment.
14. Ensure all communication, records, and documentation (medical, social, and financial) are treated with privacy and confidentiality.
15. Voice concerns (grievances or complaints) to pharmacy management without concern of discrimination or retaliation.
16. Have any grievance/complaint regarding treatment or care investigated.
17. Receive services from qualified and trained personnel (including Registered Pharmacists, Nurses, or Pharmacy Technicians).
18. Receive a copy of the "Medicare Prescription Drug Coverage and Your Rights" for Medicare patients.
19. Receive a copy of the Retail Drug Price List upon request.
20. Be provided guidance for what to do in the case of an emergency.
21. Be assisted with additional services for language barriers to reach understanding of the services provided.
22. Be informed of termination of service with an appropriate amount of time to transfer to another pharmacy provider.
23. Be informed of any financial benefits when referred to another pharmacy provider or an organization.
24. Choose a health care provider.
25. Be informed of limitations of the services and care provided by the pharmacy.
26. Receive a timely response from the pharmacy staff regarding your physician's request for service.
27. Receive assistance with pursuing resources appropriate to care outside of the scope of pharmacy.
28. Expect that personal information will not be released to another party to be used in soliciting the purchase of goods or services.
29. Have personal health information be used only in accordance with state and federal law.
30. Identify the Reliance Rx Patient Management Program staff members, including their job title, and to speak with a staff member's supervisor if requested.
31. Choose which pharmacy provider fills their prescriptions and will not be coerced into transferring their prescriptions to another pharmacy.

### **As a patient of Reliance Rx Specialty Pharmacy, you have the *responsibility* to:**

1. Notify Reliance Rx if there have been any changes in your condition (i.e. hospitalization, discontinuation of medication or treatment, etc.) and your medication list.
2. Notify Reliance Rx if there is any change in address or contact information.
3. Notify Reliance Rx if there is any scheduling change that is required prior to a scheduled delivery.
4. Notify Reliance Rx of any issues with services provided.
5. Participate in the development and periodic revision of your personal plan of care.
6. To submit any forms that are necessary to participate in the program, to the extent required by law
7. Notify your treating provider of your participation in our Patient Management Program.

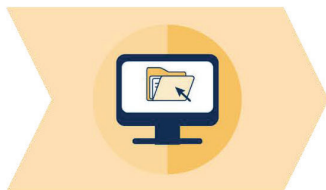




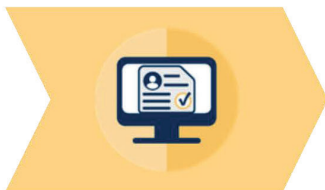
# How To Access The New MyShare Patient Portal:

Submit your refill requests through our new Patient Portal! There are two separate steps that need to be completed before you are able to fully log into the new patient portal. Please make sure that both are completed before trying to log in.

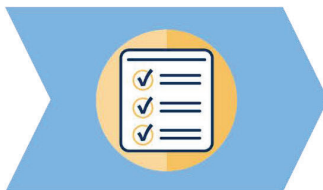
1 - Navigate to Portal



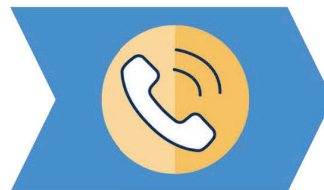
2 - Select Patient Login



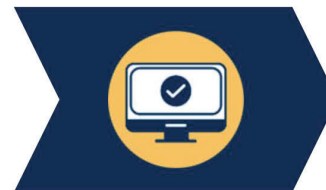
3 - Register Account



4 - Confirm Validation



5 - Log Into Your Portal



## Step 1 - Registration

- Visit our website at **www.relianceroxsp.com**. Along the top of this web page on the right, you will see a blue rectangular button labeled **"Patient Portal."** Click on this.
- You will then be brought to the portal login page. Click on **"Patient Login"** on the right under **"Patient MyShare."** Then, click on the button labeled **"Register"** under **"New User Registration"** on the right.
- Enter the information requested. Click **"Register"**. You will receive an email confirming your registration. After you are registered, you will need to validate your information in order to access the portal.

## Step 2 - Validation

- You may be able to validate upon completion of your registration. **If you are unable to, please allow 24 hours for the updates to be made** to your profile. Once your portal account is ready for validation, Reliance Rx will notify you via email. You can then login by selecting the **"Registered User Login."** At this time, you will be asked to validate your information. You will not be able to log into your new account until the validation is completed.
- Once validated, you will be able to access your patient portal! 7 days prior to your next fill, you will be able to log into the portal to schedule your refill request. **Follow the directions below to sign up for text notifications.** These notifications will be sent to you 7 days before your fill is due. If you have any questions or issues with the enrollment process, please email us at **rxinfo@relianceroxsp.com**.

## How To Sign Up For Text Notifications:

**If you would like to sign up to receive important text refill reminders, please email rxinfo@relianceroxsp.com with your name, date of birth, cell phone number and the words "opt-in and agree" included. Alternatively, you can sign up for these text notifications on your next call with us as well. By signing up, you agree to the terms and conditions listed below.**

You agree that Reliance Rx may send text messages to you about your prescriptions at this telephone number and that your mobile carrier may charge additional fees for this. You are not required to agree to this to obtain your prescriptions. You may text STOP at any time to opt out of receiving these types of texts or by visiting our website or calling us at 1-800-809-4763. If we cannot reach you by your preferred communication method, we may email you or a member of our team may call you. You understand that text messaging is not secure and there is a risk that these text messages, which may include protected health information, may be intercepted, and read by unauthorized third parties.





## **Reliance Rx's Patient Management Program Overview\***

### **Program Overview**

At Reliance Rx, our top priority is ensuring our patients have the best outcomes possible. Each patient is approached as a unique case, resulting in an individualized care plan. We combine published national clinical guidelines with product-specific and disease-specific information to guide our program. The program is led by the Reliance Clinical Quality Committee, which is composed of certified specialty pharmacists and other clinical staff who are thoroughly trained on specialty pharmacy practices. This committee meets at least quarterly to review our results, discuss any new clinical guidelines, and ensure that any changes based on those new guidelines are implemented immediately.

### **Conditions Managed:**

- Acromegaly
- Allergy
- Ankylosing Spondylitis
- Asthma
- Atopic Dermatitis
- Behavioral Health
- Cancer
- Crohn's disease
- Cystic Fibrosis
- Electrolyte Disorders
- Gout
- Growth Hormone Deficiency
- Hemophilia and Bleeding Disorders
- Hepatitis B
- Hepatitis C
- Hereditary Angioedema
- HIV
- Immune Thrombocytopenia Purpura
- Infertility
- Lipid Disorders
- Migraine
- Movement Disorders
- Multiple sclerosis
- Neutropenia
- Osteoarthritis
- Osteoporosis
- Plaque Psoriasis
- Psoriatic Arthritis
- Pulmonary arterial hypertension
- Renal Disease
- Retinal Disorders
- Rheumatoid arthritis
- Sickle Cell
- Systemic Lupus Erythematosus
- Transplant
- Ulcerative Colitis
- Other specialty disease conditions

### **Program Goals/Benefits:**

1. Patient safety
2. Efficient product utilization
3. Positive patient outcomes
4. Coordination of patient care among providers
5. Patient empowerment

## **Program Details:**

Reliance Rx has an additional program, called RELI-Rx, which patients participate in (unless they opt-out). The RELI-Rx program is a pharmacist-led component of the patient management program that offers patients and their providers a way to engage in enhanced interventions. The RELI-Rx program focuses on the following subset of conditions Crohn's disease, Rheumatoid arthritis, Psoriasis, Multiple sclerosis, Asthma, Cancer, Hepatitis C, Pulmonary arterial hypertension, and HIV.

To meet the goals/benefits, Reliance Rx clinicians will:

1. Counsel patients thoroughly on their prescribed specialty product, including use of the product, as well as side effect relief and other important clinical details to determine appropriateness of therapy.
2. Request a complete medication list on the first fill of the patient's medication to avoid drug interactions.
3. Perform follow-up phone calls to patients at specific times to reassess appropriateness of therapy based on medication list, experience of adverse reactions to the medication, perceived medication effectiveness, adherence to therapy, and progress toward achieving therapy goals based on outcomes of therapy.
4. Provide additional information to patients through counseling or printed materials upon request or based on need
5. Work with physicians and other healthcare professionals caring for the specific patient if necessary.
6. Continually evaluate our patient management program to ensure that the most up-to-date clinical information is referenced.

## **Program Limitations:**

1. Completed over-the-phone (can be a limitation for someone who prefers to engage live and in-person).
2. Opt-out option (can limit the health benefits that can be attributed to the patient management program).



# Pay your bill online with Reliance Rx

## Simple and Convenient!

**Reliance Rx now accepts checks or credit cards online to pay for your prescription.**

- Go to our website: <http://www.reliancerxsp.com>
- At the top of the page, click on Patients, then “pay your bill online”  
(also available under Quick Links at the bottom of the page)

On the Patient Information Screen enter in your information.

- Patient Name
  - Patient account number MRN
- The MRN can be found at the upper right hand side of your invoice or delivery ticket please contact us at Reliance RX at (716)929-1000 or 1-800-809-4763 for assistance**
- Check number is only required if you are paying by Check
  - Email is optional ( your receipt can be emailed or printed)
  - Select Debit/credit card or Bank Payment for Check
  - Enter information and click “Continue”
  - Verify information is correct and submit

\*Please call us at (716)929-1000 or 1-800-809-4763 for any questions

## **Medicare DMEPOS Supplier Standards**

Medicare regulations have defined standards that a supplier must meet to receive and maintain their billing privileges. These standards are listed in 42 C.F.R. 424.57(c) in their entirety. An abbreviated version is listed below.

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. An authorized individual (on whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from 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 and must instruct beneficiaries on 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 directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
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 implementing 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 of 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 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers. Supplier Enrollment Chapter 2 Spring 2020 DME MAC Jurisdiction C Supplier Manual Page 8
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.

## **Verification of Receipt**

By signing this Verification of Receipt, I am attesting to the fact that I have been given written information and instructions on how to use my prescribed items safely and effectively. I am also attesting that I am in receipt of the Notice of Privacy Practice, Patient Bill of Rights and Responsibilities, and the Welcome Letter provided by Reliance Rx for my use and reference.

**If you have any questions or concerns that would preclude you from signing this verification, please do not hesitate to contact one of our patient care specialists or pharmacists at (800) 809-4763 or (716) 929-1000. Thank you for your prompt attention to this matter.**

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Beneficiary's Printed Name

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Beneficiary's Address

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Beneficiary's MRN Number

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Beneficiary's Signature

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Date

### **Return Instructions:**

**Once this form has been reviewed, signed and dated, please return to:**

**Reliance Rx  
15 Earhart Drive, Suite 101  
Amherst, New York 14221**





# Stop Germs! Wash Your Hands.

## When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



## How?



**Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



**Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



**Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



**Rinse** hands well under clean, running water.



**Dry** hands using a clean towel or air dry them.

**Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.**

LIFE IS BETTER WITH

**CLEAN HANDS**



[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



CS310027-A



## DO NOT PUT LOOSE SHARPS IN THE TRASH



**7 BILLION**  
**SHARPS ARE DISCARDED IN THE TRASH**  
**EVERY YEAR.**

to 850,000 people are injured every year by sharps that are not discarded properly. Used sharps can cut people, infect them and spread disease.

Sources: [www.safeneedledisposal.org](http://www.safeneedledisposal.org), and [www.calpsc.org](http://www.calpsc.org).

## USE A SHARPS CONTAINER

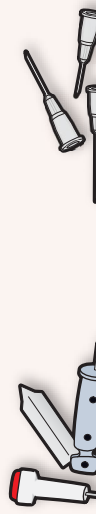
**These are sharps**



Syringes



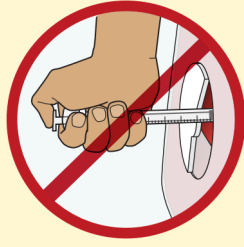
Needle connectors



## WARNING

Needle stick injury can expose you to infectious diseases such as Hepatitis and HIV.

**TO AVOID INJURY...**



Do not force sharps into container



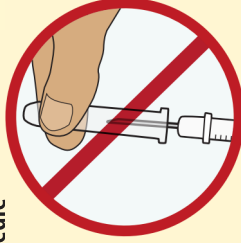
Do not put fingers inside container



Do not remove needle



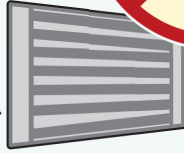
Do not bend or break needle



Do not recap needle

## KEEP YOUR COMMUNITY SAFE

**DO NOT** throw loose sharps in trash



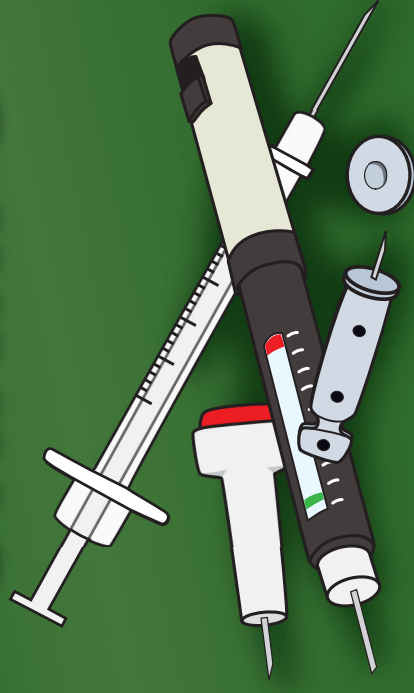
**DO NOT** put sharps in recycling



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# BE SMART WITH SHARPS



Kwikpoint assumes no liability for any action(s) a user may or may not take as a result of using this product.  
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## GET A SHARPS CONTAINER

**FREE** sharps containers may be available from your doctor, hospital, health insurance or medication supplier.

You can also buy a sharps container from your pharmacist or online.



Portable travel containers



## Use a Sharps Container

**1** Visually check sharps container for hazards before handling. Read all labels.

**MAKE SURE**

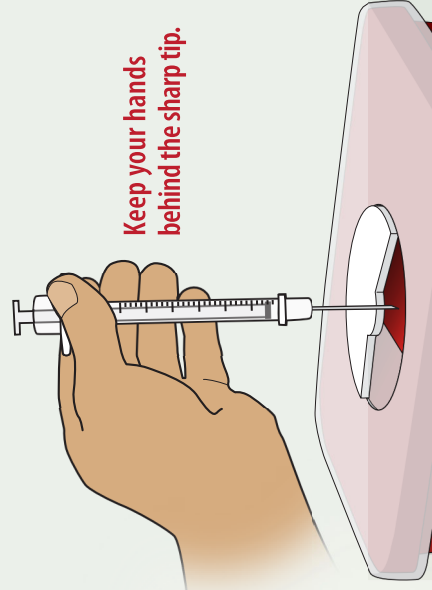
container is not overfilled damaged.

**CHECK**

that container is large enough to fit your sharp.



**2** Put sharp in container immediately after use.



Keep your hands behind the sharp tip.

## Discard a Sharps Container

Stop using sharps container when 2/3 full or filled to **FULL** line.



**1** Close sharps container as instructed on label.

Different containers have different closures.



**2** Bring sharps container to a sharps disposal program.



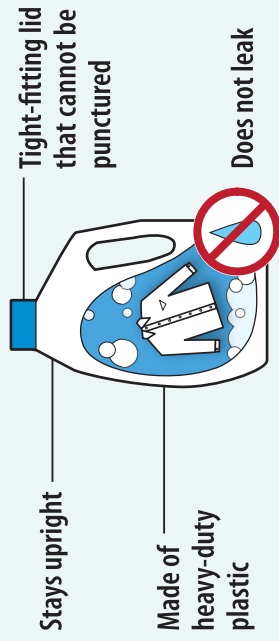
Find a program through your local waste or public health department, your doctor, veterinarian, hospital or pharmacist.

**TYPES OF SHARPS DISPOSAL PROGRAMS:**

## If You Cannot Get a Sharps Container...

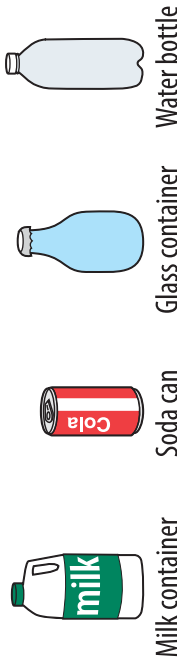
**FDA RECOMMENDS ALWAYS USING FDA-CLEARED CONTAINERS**

If you do not have a sharps container, use an empty household container with these features:



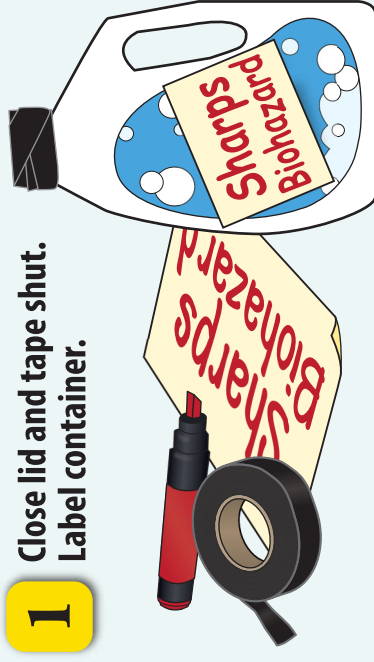
### DO NOT USE

These containers can break or puncture easily.



**Dispose of a household sharps container when it is 2/3 full:**

**1** Close lid and tape shut. Label container.



**2** Bring container to a sharps disposal program.

If you cannot find a disposal program, put container in center