Dartmouth Health

Specialty Pharmacy

Providing Personalized Care to our Dartmouth Health Community

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Dartmouth Health

Dartmouth-Hitchcock (D-H) Specialty Pharmacy

Contact us

Email: Specialty.Pharmacy@hitchcock.org
Phone: 603-653-3737
Toll Free Phone: 855-280-3893
Fax: 603-640-1936
Toll Free Fax: 866-583-3730
Website: d-h.org/patients-visitors/specialty-pharmacy

All information found in this packet can also be found on the website listed above.

Hours

Monday – Friday
8:00 am to 4:30 pm

A licensed pharmacist is available 24 hours a day, 7 days a week.
For after-hours care, please call 855-280-3893

Prescriptions are available for pick-up at:

D-H Pharmacy at Centerra
Open 24 hours a day, 7 days a week
Open on Holidays

Or available via mail at:
D-H Pharmacy (Home Delivery)

D-H Specialty Pharmacy is closed on the observed days for the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

A pharmacist is still available for emergencies, please call 855-280-3893

Welcome to our specialty pharmacy.

We serve patients with complex medical conditions and those who use medicines which require special handling.

Since 2015 we have been serving patients with conditions such as cancer, hepatitis C, cystic fibrosis, multiple sclerosis and more. Our access to patient medical records helps us provide service in real time, when patients need us most.

We help patients with medicines which need special handling. This might mean being kept cold (refrigerated), or medicines with special instructions about how to use and how much. We take pride in great customer support.

Our pharmacy is approved (accredited) by national groups which review the quality of our work and patient results.

Our services include:

- A personal care plan worked out with your doctor
- Access to a specialty pharmacist 24 hours a day, 7 days a week
- Refill reminders for ongoing medicines
- Free delivery for mail orders, shipped in an unmarked package using USPS, UPS, or FedEx, including overnight shipping as needed
- Help to understand your insurance plan benefits and co-pays

When you use our pharmacy, you can expect excellent care.
Our trained pharmacists and staff do their best to provide speedy, high quality service at a fair cost. Thank you for choosing the D-H Specialty Pharmacy to be a part of your care team.

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What is a Specialty Pharmacy?

A specialty pharmacy provides medications to treat complex medical conditions and other resources for the patient. These medications are often expensive, require patient education and are not available through most local pharmacies. A specialty pharmacy has clinically-trained pharmacists who can educate you about storage conditions, handling and how best to take your medications, and pharmacy technicians who can help you with your billing or co-pay needs. The staff at the D-H Specialty Pharmacy will provide you with a plan of care to help you manage your prescriptions.

Areas of Care

Allergic Asthma (Allergy and Asthma Association of America)	1-800-727-8462
Ankylosing Spondylitis (Spondylitis Association of America)	1-800-777-8189
Cancer (American Cancer Society)	1-800-227-2345
Cystic Fibrosis (American Lung Association)	1-800-586-4872
Hepatitis C (American Liver Foundation)	1-800-465-4837
HIV (AIDS Healthcare Foundation)	323-860-5200
Non Tuberculosis Mycobacteria (NTM) (The Chest Foundation)	224-521-9800
Respiratory Syncytial Virus (The Chest Foundation)	224-521-9800
Hyperlipidemia (FH Foundation)	1-844-434-6334
Infertility (American Society for Reproductive Medicine)	205-978-5000
Inflammatory Bowel Disease (Crohn's & Colitis Foundation of America)	1-800-932-2423
Juvenile Arthritis (Arthritis Foundation)	1-800-283-7800
Multiple Sclerosis (Multiple Sclerosis Association of America)	1-800-532-7667
Neutropenia (The Severe Chronic Neutropenia International Registry)	617-919-1574
Pediatric Endocrinology (Human Growth Foundation)	1-844-661-5550
Psoriasis (National Psoriasis Foundation)	1-800-723-9166
Psoriatic Arthritis (Arthritis Foundation)	1-800-283-7800
Rheumatoid Arthritis (Arthritis Foundation)	1-800-283-7800

Prescription Services

Frequently Used Insurance Terms

All prescription insurance companies have different kinds of plans. To help you understand your benefits, here are some common terms and their meanings:

Refill-too-soon:
You are trying to refill a prescription sooner than your insurance company approves. Most insurance companies allow you to refill a prescription once a certain amount of your medication is used. This is based off the anticipated amount of days your supply should last. If your dose has increased or you are going on vacation, please contact the pharmacy immediately at 855-280-3893.

Quantity Limits:
Your provider has written for a certain amount of medication, but it is more than your insurance will cover. This can be limited to tablets per day, doses per month, or by how many months of medication you can receive at a time. Pharmacy staff will explain this and work with you to answer any questions or concerns.

Step Therapy:
Your insurance plan wants you to try other less expensive medicines, or "steps", before they will pay for the prescribed medication.

Prior Authorization:
The medication being prescribed is not covered by your plan without supporting information such as medications tried and failed. The D-H Specialty Pharmacy will work with your provider's office to get this authorization, and we will keep you updated throughout the process.

Copayment:
Depending on your insurance plan it is either a fixed or variable payment for a covered service made each time you receive this service. An example of such a service is filling a prescription.

In-Network Pharmacy:
A pharmacy that contracts with an insurance plan to offer covered services at a lower rate to members of that insurance plan.

We will inform you of any cost differences between an in-network and out-of-network pharmacy.

We will contact you if any prescription filled at the D-H Specialty Pharmacy has limitations from your insurance company.

New Prescriptions

To qualify for our program, you need to have a prescription for a specialty medication. This prescription may be given to us by your provider, through a transfer from an outside pharmacy or, you can bring in a paper prescription. After we get your prescription, we will work with your insurance company to determine the timeline for processing (managing prior authorizations, step therapy, etc.), co-pays and any out-of-pocket expenses.

We will contact you to discuss insurance requirements, shipping options, prescription costs, provide drug information, and answer any questions you may have.

Unless otherwise indicated, all prescriptions will be filled with an FDA-approved generic when available.

Financial Services

We work with your insurance company and provider's office to help determine your out-of-pocket prescription costs, deductibles, co-pays and co-insurance totals. We also help you and your provider to get prior authorizations and resolve prescription coverage denials.

For any claims related information or questions contact the pharmacy via phone at 855-280-3893 or e-mail at specialty.pharmacy@hitchcock.org

The D-H Specialty Pharmacy will bill your insurance company for you. Please note that you may still have to pay a portion of the cost—also called a copayment.

If your medication is filled at the D-H Specialty Pharmacy we will provide you with a written receipt of the cost of your medication (copayment). The cash price of your medication will be provided upon request. You will be responsible for paying your copayment when you order your medication or refills. Our staff will tell you the exact copay before shipping your medication. If we are not an in-network pharmacy with your insurance plan this information will help you decide the most cost effective pharmacy from which to fill.

We use all available resources (manufacturer co-pay assistance cards, patient assistance funds, etc.) to reduce your co-pay charges and make sure your medications are as affordable as possible. Should you need additional resources, we work with the Dartmouth Health Office of Care Management to provide financial assistance.

Shipping Information

Your refrigerated medications will be shipped overnight at no charge via FedEx or UPS. All non-refrigerated medications are shipped via USPS, UPS, or FedEx. We will contact you before shipping new medications to enroll you in our streamlined mail order program. You may receive a phone call or a text message notice. Text message rates apply. Please return our call as soon as possible to avoid delays. After we have confirmed your order, we will process your prescription within one day. Tracking numbers are available upon request.

Note: The D-H Specialty Pharmacy will not ship any medication without your authorization.

Should there be a delay in filling of your prescription, we will notify you to try and prevent interruptions in therapy. If our pharmacy is unable to provide your medication, we will help you get your medication from another pharmacy.

Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible and store your medication so the prescription with the earlier expiration date is used first. Please contact the D-H Specialty Pharmacy at 855-280-3893 within one business day to report missing or damaged contents.

Refills

Our team will contact you to schedule refills. Should you have a therapy change or need an early refill, please contact the pharmacy at 855-280-3893 and ask to speak to a Specialty Pharmacy employee.

***In order to ship prescriptions the same day, you will need to speak to a staff member by 11 am.**

BOP Contacts

Alabama (AL)
albop.com
205-981-2280

Arizona (AZ)
pharmacy.az.gov
602-771-2727

Colorado (CO)
dpo.colorado.gov/Pharmacy
303-894-7800

Connecticut (CT)
portal.ct.gov/DCP/Drug-Control-Division/Commission-of-Pharmacy/The-Commission-of-Pharmacy
860-713-6070

Florida (FL)
floridaspharmacy.gov
850-488-0595

Georgia (GA)
gbp.georgia.gov
404-651-8000

Idaho (ID)
dopl.idaho.gov/bop
208-334-3233

Illinois (IL)
idfpr.illinois.gov/profs/pharm.html
888-473-4858

Indiana (IN)
in.gov/pla/professions/indiana-board-of-pharmacy
317-232-2960

Iowa (IA)
dial.iowa.gov/licenses/medical/pharmacy
515-281-5944

Maine (ME)
maine.gov/pfr/professionallicensing/professions/board-pharmacy
207-624-8500

Massachusetts (MA)
mass.gov/orgs/board-of-registration-in-pharmacy
800-414-0168

Michigan (MI)
michigan.gov/lara/bureau-list/bpl/health/hp-lic-health-prof/pharmacy
517-241-0199

New Hampshire (NH)
oplc.nh.gov
603-271-2152

New Jersey (NJ)
njconsumeraffairs.gov/phar
973-504-6200

New York (NY)
op.nysed.gov/prof/pharm
518-474-3817

North Carolina (NC)
ncbop.org
919-246-1050

Ohio (OH)
pharmacy.ohio.gov
614-466-4143

Oregon (OR)
oregon.gov/pharmacy/Pages/index.aspx
971-673-0001

Pennsylvania (PA)
dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Pharmacy/Pages/default.aspx
717-783-7156

Rhode Island (RI)
health.ri.gov/licenses/detail.php?id=275
401-222-5960

South Carolina (SC)
llr.sc.gov/bop
803-896-4700

South Dakota (SD)
doh.sd.gov/boards/pharmacy
605-362-2737

Tennessee (TN)
tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html
615-253-1299

Texas (TX)
pharmacy.texas.gov
512-305-8000

Utah (UT)
dopl.utah.gov/pharm/index.html
801-530-6628

Vermont (VT)
sos.vermont.gov/pharmacy
802-828-1505

Virginia (VA)
dhp.virginia.gov/Boards/Pharmacy
804-367-4456

Washington (WA)
doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/pharmacy-professions/licensing-information
360-236-4700

Questions about Your Order?

To contact patient support services to obtain prescription order status call 855-280-3893 or e-mail specialty.pharmacy@hitchcock.org. For after-hours questions please follow the prompts to speak with a member of our specialty staff.

We offer a mobile app (available for iPhone and Android devices) which gives you quick access to the following electronic services:

- text or email notification when a prescription is ready
- ability to refill a prescription
- reminders to refill a prescription
- reminders to take your dose

Please view the instruction sheet supplied in this packet.

If your order is delayed due to events such as weather, drug availability or insurance coverage changes, the D-H Pharmacy will contact you to ensure that you have no interruptions in therapy.

If you have any questions on how to handle a missed treatment or delivery, call the pharmacy at 855-280-3893 or e-mail specialty.pharmacy@hitchcock.org.

Due to rules set forth by the New Hampshire Board of Pharmacy, we are unable to take back medication once it has left the pharmacy. We will do everything possible to make sure your order is correct before leaving the pharmacy. If receiving your prescription via mail order, please open your order and review the contents immediately to ensure your order is accurate and complete.

It is your responsibility to contact the D-H Pharmacy at 855-280-3893 within one business day to report missing or damaged contents.

Prescription Transfers

If you are currently filling your specialty medications at another specialty pharmacy and you would like to transfer your care to the D-H Specialty Pharmacy, please call us at 855-280-3893 and provide the name and number of the other pharmacy. Our staff will transfer in the prescription and contact you when it is ready. We can also provide your other maintenance medications should you prefer to fill at D-H Specialty Pharmacy. Please ask a member of our staff for assistance.

We may not be able to fill your specialty medication because some insurance plans may require you to fill your prescription at another pharmacy, or because we cannot acquire the medication. When this happens, we will notify you and work with your provider to transfer the prescription(s) to the correct pharmacy.

If you have any questions about this process, or if you need an update, please call 855-280-3893 or e-mail at specialty.pharmacy@hitchcock.org

Feedback

Thank you for taking the time to review all the services we are able to offer. We welcome all feedback and are always working to improve your experience.

For any feedback, grievances, or complaints contact the Specialty Pharmacy Manager, using the phone number above or via e-mail at Specialty.Pharmacy@hitchcock.org. You may also complete the Customer Complaint Form at the end of the welcome packet and return it as directed. All complaints and grievances are investigated by management and resolved; you will receive communication as to the status of the grievance, including a final letter with the name of the hospital contact, steps taken for the review, results of the review, and the completion date.

The D-H Specialty Pharmacy will contact you within 5 days of the complaint being filed, and follow-up with a resolution within 14 days.

If your complaint is not resolved appropriately by the pharmacy you may contact the New Hampshire Board of Pharmacy at 603-271-2152 between 8am and 3:30pm Monday through Friday.

Clinical Management

When we receive your prescription one of our pharmacists will contact you to review:

- How your medication works
- How to take your medication
- Potential interactions with other medications
- Storage, including proper rotation of medications
- Side effect monitoring
- When to schedule lab work
- When to contact your provider
- Safe drug disposal

Our team will contact you to:

- Review your medication
- Assess side effects
- Discuss any questions you may have
- Schedule your next refill
- Confirm shipping details

Our personalized clinical services are here to help:

- Manage your medications
- Ensure that you are taking your medications as prescribed
- Ensure that you are getting correct lab work
- Pay attention to side effects
- Connect with your provider
- Learn about your medications
- Review how you are taking your medication

Each person's therapy is different. We are able to tailor a care plan that meets your specific needs. Our specialty pharmacist will contact you to discuss services upon receiving your prescription. All discussions between you and the pharmacist are recorded in your medical record and made available to your provider.

To contact a pharmacist call 855-280-3893.

We realize that your medical care may involve multiple providers and facilities. At the request of you or your provider, we are able to share your care plan.

If you do not want to receive Clinical Management phone calls, please contact the D-H Specialty Pharmacy at 855-280-3893 and ask to opt out.

For the best results, be part of the team.

We can help you get the best results from your medicine and care plan if we work as a team. This means that you:

- Respond to our outreach calls
- Keep us up-to-date about your health
- Take your medicine correctly – on time and in the right way

Please be aware that talking with the pharmacist does not replace visits with your provider.

We can help you learn about your health condition and your medicine.

We provide:

- Pharmacists to answer your questions in person Monday through Friday, 8:00 am to 4:30 pm
- Pharmacists on call for emergency needs 24 hours a day, 7 days a week Call: 855-280-3893

Possible Emergencies and Action to Take

Having a medical emergency: Call 911 right away

Thinking about suicide: Call the National Suicide Prevention Lifeline: 988
The Lifeline offers free and private support 24 hours a day, 7 days a week.

Needing support for drug abuse or addiction: Call the National Substance Abuse and Mental Health Services Administration: 800-662-4357. They will refer you to a local place to get treatment, a support group, or community group to help.

Having a side effect or reaction to your medicine: Call our specialty pharmacist: 855-280-3893. You can reach a pharmacist 24 hours a day, 7 days a week. They can talk to you about your concerns and if needed, report them to your provider.

Facing a natural disaster or emergency forcing you to leave home: If you expect a natural disaster such as a huge storm, call us ahead if you need to discuss your medicine. If you leave home, take at least a one week supply of medicine with you. Call and let us know where you are and how to reach you.

If a natural disaster such as a huge storm may affect shipping to your area, we will contact you and arrange for early shipping. Or, we will arrange to get your medicine nearby.

Learning about a drug recall: If there is a drug recall, a pharmacist will call you to discuss a quick and safe way to resolve your medicine need.

Patient Safety: Stay safe using and disposing of medicine

Having a bad drug reaction or crisis?
If you have a bad reaction to medicine or feel very ill, contact your provider, call 911, or go to the closest ER (emergency room).

Wash your hands often and the right way.
Wash your hands before and after you prepare or handle medicine. Hand washing kills germs and helps prevent infections. It's best to use soap and water (warm or cold).

Follow these steps:

- Wet your hands, turn off the tap, and soap up.
- Rub your hands together all over to create suds front, back, between your fingers, and under your nails.
- Scrub for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song all the way through twice (2X).
- Rinse hands well under clean running water.
- Dry hands with a clean towel or air dry them.

No soap or water? Use hand sanitizer such as Purell. Rub it into your hands well, just as if you were scrubbing with soap and water.

Handle needles and sharp items ("sharps") safely.

If your therapy includes using needles, here's how to prevent needle sticks:

- Plan ahead for how to safely handle and dispose of needles.
- Never put a cap back on a needle.
- Throw away used needles and lancets in a sharps container – a hard plastic box.
- Report all needle sticks or injuries from a needle to your provider.

Dispose of sharps (needles or lancets) carefully.

Use a sharps container: If your therapy involves using sharps, we will provide a sharps box. Use it to collect all needles, syringes, lancets and other sharp objects. This protects you and others around you, as well as keeping indoor and outdoor spaces clean and safe.

Other containers which work: If you do not have a sharps box, you can use a hard plastic or metal container with a tight lid, such as an empty hard can or liquid soap bottle.

- Do not use clear plastic or glass containers.
- Leave room at the top of the container to prevent needle sticks when closing it.
- Before throwing sharps trash away, reinforce the closed top with heavy tape and write DO NOT RECYCLE on outside of container.

Follow rules for disposing of medical trash.

- Check with your local trash collector about how to dispose of sharps containers.
- If you're not sure about proper disposal, check with our pharmacist.
- Do not give away or "share" medicine with friends or family. A medicine prescribed for you could be dangerous for someone else.

If you do not use needles or other sharps for your medicine, you don't need to use a sharps container. Instead, double-bag your used supplies and put in your regular trash. This means put items into a bag and then put that bag into another one. Use bags that you cannot see through.

Need more information?

Please visit the United States Food and Drug Administration website: fda.gov

Safely Dispose of Unused Medications.

Ways to safely dispose of unused medicines:
Bring unused medicines into our location at Centerra. Anyone may place unused prescription medicines into the drug take-back drop box.

Patient Information on Emergency Preparedness

General Home Safety - Patient Education

Each year nearly 21 million family members suffer injuries in the home. Here are some suggestions that could help you prevent an injury within your home. Check every room in your house to make sure your home is safe from the following:

Falling (The most common injury in homes)

1. Keep the floor clean. Clean up spills right away.
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 well-lit 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 1-800-222-1222.

Fire and Burn Prevention

1. Have smoke detectors in every level of your home, and replace batteries at least once per year.
2. Test each smoke detector once a month, if not working check the batteries.
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. Keep children away from the stove and never leave the stove unattended while cooking.
6. Keep matches and lighters out of the reach of children.

Fire

1. Remember to GET OUT, STAY OUT and CALL 9-1-1 or your local emergency phone number.

2 Yell "Fire!" several times and go outside right away. If you live in a building with elevators, use the stairs. Leave all your things where they are and save yourself.

3. If closed doors or handles are warm or smoke blocks your primary escape route, use your second way out. Never open doors that are warm to the touch.

4. If you must escape through smoke, get low and go under the smoke to your exit. Close doors behind you.

5. If smoke, heat or flames block your exit routes, stay in the room with doors closed. Place a wet towel under the door and call the fire department or 9-1-1. Open a window and wave a brightly colored cloth or flashlight to signal for help.

6. Once you are outside, go to your meeting place and then send one person to call the fire department. If you cannot get to your meeting place, follow your family emergency communication plan.

Natural Disasters (Earthquake, Blizzard, Hurricane and Tornado):

1. In disaster-prone areas, store food and extra bottled water. Have a transistor radio, flashlights and extra batteries.
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 area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have.

Power Outage

1. Notify your gas and electric companies if there is a loss of power. Report any special needs for a back-up generator to the electric and gas companies.
2. If the power is out longer than two hours, contact the pharmacy at 855-280-3893 for instructions on how to properly store your medication.
3. Have a transistor radio, flashlights, batteries and/or candles available. (If on oxygen, turn it off before lighting candles).
4. To prevent carbon monoxide poisoning, use generators, pressure washers, grills, and similar items outdoors only.
5. If the power is out longer than two hours, throw away refrigerated food that has a temperature higher than 40°F.
6. Check with local authorities to make sure your water is safe.
7. In hot weather, stay cool by drinking plenty of fluids to prevent heat-related illness.
8. In cold weather, wear layers of clothing which help to keep in body heat.
9. Avoid downed power lines, if a power line falls on your car, you should stay inside the vehicle.

Flood

1. In flood-prone areas, store extra food and extra bottled water.
2. Have a transistor radio, flashlights and batteries available. Get a pipe wrench to shut off valves for gas and water. Report any special needs for a back-up generator to the electric and gas companies.
3. Unplug your infusion pump unless the IV pole is touching water.
4. Evacuate the area.
5. Contact the local law enforcement, civil defense and/or emergency preparedness.

For more information, please visit the Centers for Disease Control and Prevention and American Red Cross websites.

Patient Bill of Rights and Responsibilities:

Your Rights as a Patient at Dartmouth Health

We strive to preserve your rights as an individual. We also ask that you and your visitors be considerate of the rights of others.

You, and your property, have the Right to:

■ **Be treated with respect and dignity. This includes being called by the name you choose, and to feel safe while in the hospital.**

- Your cultural background, spiritual and personal values, beliefs, and preferences should be respected.
- You and the visitors that you choose will not be discriminated against based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. You will receive appropriate care without discrimination in accordance with a physician's orders, if applicable.

■ **Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property**

You have the Right to:

■ **Receive information about the patient management program upon request.**

■ **Be able to identify personnel through proper identification.**

■ **Have your own physician and the person of your choice notified of your admission to the hospital.**

- The person of your choice can be with you for emotional support during your hospital stay, as long as it does not interfere with the rights and safety of others or your agreed upon plan of care.

■ **Know the names of the doctors and staff on your care team. We encourage you to ask them any questions you might have.**

- You should expect a reasonable response to your questions and requests for help.
- You may choose a healthcare provider, including an attending physician, if applicable
- You may inquire about a staff member's job title, ask for proper identification, and speak with a staff member's supervisor if requested

■ **Know about your diagnosis or illness so that you can take part in the planning of your care and treatment, understand your options, and know how decisions will affect your health and well-being**

- You will be informed, in advance both orally and in writing, of the care being provided.
- Be informed, in advance both orally and in writing, of the charges, including payment expected from third parties and any charges for which you may be responsible.
- Receive information about the products/services provided and specific limitations on those products/services
- You may participate in the development and periodic revision of the plan of care
- You may request to talk with different doctors about procedures, tests and the results, as well as the medical outlook for your future.

- You may say “no” to any care, tests, or treatments, to the extent permitted by law.
- You are encouraged to complete Advance Directives which tell your care team the care you want, how you want to be treated and whom you want to make decisions for you if you cannot speak for yourself
- You have the right to receive information in a manner you will understand and to have the person of your choice involved in making decisions, as you request

■ Minimize your pain as much as possible during your hospital stay, during a test, or during a treatment.

- You, your family, the doctors, nurses, and other hospital staff will help you to make and understand a plan to manage your pain.
- We will check with you about how you are feeling and change the plan to manage your pain as much as possible.

■ Be free from restraints or seclusion unless they are necessary to ensure physical safety, and if no less restrictive intervention is possible.

■ Reasonable privacy.

- You may expect to talk with your doctors, nurses, social workers, or other healthcare professionals in private, and know that the information you give will be shared only with those people who need it to do their job.
- Your personal health information will be shared with the patient management program only, in accordance with State and Federal law.
- Information contained in the patient record and Protected Health Information will be kept private and confidential.

■ Know the information in your medical record.

- You may be informed on Dartmouth Health’s policies and procedures regarding the disclosure of medical records.
- Your medical records are private. You may look at your records and get a copy or summary within 30 days of our receiving your request. If we are unable to provide you with a copy or summary within 30 days, we will produce what we can and notify you of when your health information will be ready, which will be within 60 days of your request. We may charge a reasonable, cost-based fee for copies of your record.
- Certain conditions, such as cancer, cases of some infectious diseases, work-related contact with poisons or other dangerous materials, and cases of child abuse, must be reported, even without your permission. In some cases involving concern about the care you receive, the medical center may disclose information in medical records to its own lawyers and agents.

■ Receive written notice of how your health information will be used and shared in order for you to receive the highest quality of care. This is called our Notice of Privacy Practices and it contains patient rights and our legal duties regarding your health information. You may request a copy of this Notice from any staff member.

■ Decline participation, or disenroll, in the patient management program at any time.

■ **Speak with any member of your healthcare team, Patient and Family Relations (603-650-4429) or specially trained volunteers called Patient Voices Volunteers if you are unhappy with your care. Your care will not be affected in any way.**

- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- We will make every effort to resolve your concern. If this cannot be resolved in a timely manner it will become a grievance. You will receive communication as to the status of the grievance, including a final letter including the name of the hospital contact, steps taken for the review, results of the review, and the completion date.
- If we cannot meet your needs, you can contact:

  NH Department of Health and Human Services - Health Facilities Administration at 603-271-9499 or 800-852-3345 x9499

  Joint Commission 800-994-6610

  Physician issues are referred to:
  NH Board of Medicine 603-271-1203
  800-780-4757

  Accreditation Commission for Health Care
  855-937-2242
  achc.org/contact

■ **Be told fully about any research study in which you are asked to take part. This discussion should occur before you agree to enter the study.**

- If you are under the age of 18, your parent or guardian must give permission before any tests or treatments can be carried out in the course of the research study.
- You have the right to refuse to take part in a research study. If you refuse to take part, it will not affect receiving treatment here in the future.

■ **Understand instructions you will receive before leaving the hospital or clinic.**

- These instructions will describe how you and your family can participate in your recovery and ongoing health care plan once you are at home.

■ **Leave the hospital, even if your doctor advises against it. You may not leave if you have certain infectious diseases that could affect the health of others, if you are not able to provide for your own health and safety or other people's safety is at risk, as defined by law.**

- You must sign a form saying the Medical Center is not responsible for any harm that comes to you as a result of leaving the facility.

■ **Be informed of any financial benefits for Dartmouth Health when referred to an outside organization.**

■ **Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.**

■ **In order to reduce concerns about paying your bill, you will be told of services available to help in paying for your care prior to being billed.**

- You have the right to look at and receive an explanation of your bills. This information can be obtained through Patient Financial Services at 1-844-808-0730.

Your Responsibilities as a Patient at Dartmouth Health

When you are a patient at Dartmouth Health, you, your family and your visitors have the responsibility to:

■ Be honest and tell us all you know about your past and present health including:

- Sharing with your doctor or nurse if you think you are at risk, if your health has changed and what medications you are taking.
- Information about Advanced Directives (Living Will and/or Durable Power of Attorney for Healthcare) and who will speak for you if you are unable to speak for yourself.

■ Share all updates regarding contact information with the organization.

■ Appropriately submit all forms that are necessary for receiving services to the organization.

■ Ask questions about anything you do not understand, including your treatment plan or what is expected of you. This includes making sure you understand the potential risks, benefits and side effects of your treatment.

- Notify the organization of any concerns about the care or services provided

■ Follow the plan that is developed by you and your treatment team.

- If you have a concern about the plan, it is your responsibility to talk about it with your doctors and nurses.

■ Notify the treating provider of participation in organization provided services

■ Accept responsibility for your actions if you refuse treatment or do not follow instructions.

- Your treatment plan may include recommendations about exercise, not smoking and eating a healthy diet.

■ Follow the rules and regulations of Dartmouth Health, including the no smoking policy.

■ Be respectful at all times to the staff, other patients, visitors and Dartmouth Health property.

- Maintain any Dartmouth Health provided equipment

■ Make a good faith effort to pay your medical bills in a timely fashion or ask for appropriate assistance.

If you have questions about your rights as a patient, or if you would like a copy of the New Hampshire state law which lists your rights, please call Care Management at 603-650-5789.

Reporting

- Violations of the above rights are to be reported immediately to the Administrator or appropriate designee.
- Dartmouth Health will immediately investigate all alleged violations involving anyone furnishing services on behalf of Dartmouth Health and will take action to prevent further potential for violations while the alleged violation is being verified.
- Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.
- Dartmouth Health will take appropriate corrective action in accordance with state law if the alleged violation is verified by the Dartmouth Health administration or an outside body having jurisdiction.

Dartmouth Health will report verified violations to the accrediting, state, and local bodies having jurisdiction within five working days of becoming aware of the verified violation, unless state regulations require a more stringent timeline for reporting any such violations.

If you have questions about your rights as a patient, or if you would like a copy of the New Hampshire state law which lists your rights, please call Care Management at 603-650-5789.

Our Pharmacy has a Mobile Pharmacy application!

1. **Download the pharmacy app.**
2. **Register - Sign up & enter your Rx number.**
3. **Start refilling your prescriptions!**

There are three options available to manage your pharmacy profile.

Option 1 - Mobile App

1. Go to the app store and search "D-H Pharmacy" to download the free app.
2. Select "Sign in" then "Register Now" to create an account.
3. This takes you to "Confirm Account" screen.
4. Complete all fields and select "Create Account".
   - You must have an ACTIVE Rx number.
   - You must enter your name EXACTLY as it appears on your prescription label.

Option 2 - Online

1. Follow this link to the web app: dartmouth-hitchcock.web.medrefill.org
2. Follow steps from option 1 to create your account.

Option 3 - SMS (text) notifications

1. Pharmacy employees can enroll you in text notifications using your mobile number.
2. Once enrolled, you will receive text notifications when prescriptions are ready to be picked up, and when they are ready for a refill.

Enabling Text Notifications in App

1. Select "Send me texts".
2. Enter your mobile number and select "Continue".
3. Reply "Y" to the text message you receive.
4. Select "I replied to the text message".
5. Once your number is verified you can select "Close".

Mission Statement

The Dartmouth-Hitchcock Specialty Pharmacy shares the purpose and vision of Dartmouth Health.

Our Purpose: Why we exist

Improve the health and well-being of our patients, our people, and our communities.

As our health system continues to grow and become more integrated clinically and administratively, our purpose has evolved to not only focus on supporting each individual member organization's needs but also to how we, as a health system, collectively serve the needs of our broader region. Our purpose statement answers the question "Why does our health system exist?" and highlights the continued priorities that will allow us to best serve our patients, our employees, and our communities.

Our Vision: What we want to be

To be a premier academic health system, setting the standard for rural healthcare.

The vision statement for Dartmouth Health includes 2 key elements. The first is to be a premier academic health system, which includes leadership in clinical care, research and education. The second is to set the standard for rural healthcare delivery in the United States. Both of these goals reflect the unique opportunities and challenges for our health system.

Values

- Respect
- Integrity
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Customer Complaint Form

Information

Patient Name: _____

Person Completing Form: _____

Relationship to Patient (if applicable): _____

Patient Address:_____

Patient Preferred Contact Method (Telephone or E-mail):

_____

EXPERIENCE

Date Occurred: _____

Hour Occurred:_____

Specific Person(s) Involved: _____

Describe the Complaint (be specific):_____

Action Requested: _____

Follow-up Needed: ☐ Yes ☐ No

Thank you for taking the time to complete the D-H Specialty Pharmacy Customer Complaint Form.
All forms will be reviewed by management and further action will be taken to resolve noted issues.


Dartmouth
Health