



Whole Health
Pharmacy

With Us, You're Whole.

WELCOME



Monday - Friday
9am-5pm



(949) 305-0788
(866) 491-5038



1415 North Broadway
Santa Ana, CA 92706



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WELCOME TO WHOLE HEALTH

Thank you for choosing Whole Health Pharmacy for your medication needs. We offer services to our patients throughout California. We are confident that you will be satisfied with the services that we provide.

The information in this booklet will help you make the most out of our services. We have a clinical support team that is available 24 hours a day, 7 days a week. If you have any questions or concerns, you can reach us by calling us at (949) 305-0788 or toll free at (866) 491-5038. Our dedicated specialty pharmacy team will give you education materials related to your medication(s) and answer any questions you may have. As a specialty pharmacy, we are excited to help you as you go through the healthcare system.

As your medical needs change, we will be happy to help you with those changes, and offer you the services necessary to reach your new goals. If at any time our services do not meet your needs, we will refer you to the nearest specialty pharmacy that can provide what you need.

We make sure to handle your treatment as if it is our own. To guarantee this, we have many services to support you during your drug therapy. Please review the materials in this booklet to learn more.

We are excited to help you and look forward to providing you with the best care possible. For more information, please visit our website at www.mywhrx.com or reach us via email at info@mywhrx.com.

Sincerely,

The Whole Health Pharmacy Team



Our Mission

Whole Health strives to improve patient lives by providing the highest standard of medication and clinical services, reducing overall healthcare costs, and fostering relationships between patients, providers, and payers.

Our Core

Our core purpose is to better the quality of life for our patients.

Our core values are:

- Reach the highest standards of quality for drug therapy and patient results
- Give excellent customer service and patient care
- Appropriate use of healthcare materials and services

What We Do

We provide specialty medication and work with healthcare providers to better patients' drug therapy.

How We'll Succeed

- Build strong relationships with healthcare providers
- Better patients' awareness and ownership of health conditions through education and motivation
- Identify any gaps in care (modify our workflow to adapt to the changes in healthcare)

Our Services

Authorization Specialist

A personal team member to help you receive a quick response on your prior authorization(s). This team member focuses on working with your doctor to submit approvals to your insurance company and will openly communicate with you, your provider, and your insurance about eligibility requirements and any other needed information to create the best results for your treatment.

Patient Assistance Program (PAP)

A personal team member who focuses on Co-Pay Assistance programs. Our team member(s) will help you in getting your medication at the lowest cost or possibly at no cost to you. (This option may differ, so please speak with a Patient Care Specialist to see if you qualify)

Medication Synchronization

A system that helps organize all of your medication(s) so that you're able to receive them all at once. Since medications are also available for pick-up, this system will also help you in setting a date for pick-up or delivery.

Monthly Follow-Up/Customer Survey

A member of our team will contact you to make sure you are happy with the medication treatment you and your provider have chosen. We will also be able to help your provider in making sure you are following your treatment plan correctly.

Relationship With Your Provider

We keep a strong relationship with your provider(s) and clinic. This helps us create the best possible results with your treatment by keeping your provider informed about your medication management.

Refill Reminder

This service keeps you on track with your refills so you don't have to. This service also includes sharing information about any changes to your prescriptions or your responsibility for products and/or services.



Eligibility

Our staff will verify patient eligibility and benefit coverage for medications and supplies to ensure all claims are guided, completed, and filled in a timely manner for eligible patients.

Eligibility Criteria

We accept most insurance providers, including Medicare, Medicaid (Medi-Cal) and Commercial Plan

Mail Order / Delivery

Let us reduce one stop on your busy schedule by delivering or shipping your medication(s) to your front door at no cost to you. Please open your package and review the contents immediately after you receive it to make sure your order is correct and complete. Please store your medication(s) as instructed, as soon as possible. Contact us right away to report missing or damaged contents.

Support Groups / Foundations

Support Groups and Foundation information is available upon request or on our web-page @ www.mywhrx.com (under patient resources)

Access to Limited Distribution Drugs

There are some instances when we may not be able to order some medication(s). We will help your provider in locating a specialty pharmacy that will be able to fill your prescription in a timely manner.

Medication Substitution

We are aware that some medications are not for everyone. We will inform you of the drug substitution agreements laid out by your health plan and help coordinate with your provider to find the best possible therapy for you.

Patient Disease and Medication Education

Whole Health has clinical pharmacists to answer questions related to your specific disease state and medication education. We will work closely with your provider to give you any additional materials that will support your medication management.

Patient Management Program

All patients receiving specialty medication(s) are automatically enrolled in the Patient Management Program and may leave the program at any time by contacting Whole Health. Patients who receive other non-specialty medication(s) are also given the option to be in the program. Patients will receive services specifically designed to their needs, the medications given, and the conditions for which the medications are prescribed. This service will also include a personalized Plan of Care which outlines the goals of therapy as well as the monitoring guidelines. Patients are asked to actively participate in their Plan of Care and to change the plan as they see fit.

Potential health benefits of the Patient Management Program can include the following: better management of side effects, increased understanding of therapy, smoother shifts between therapies, increased level of care due to better communication with providers, increased adherence, and overall betterment of health.

Potential limits of participating in the Patient Management Program can include the following: the Patient Management Program does not replace provider interactions and may require more time spent interacting with the specialty pharmacy.

Notice to Consumer

California Law requires a pharmacist to speak with you every time you get a **NEW** prescription or if there is a change in dosage form, strength, or direction.

Before taking your **medication**, be sure you know:

The name of your **medication**

How and when to take it, for how long,
and what to do if you miss a dose

Possible **side effects** and
what you should do if they happen

Whether the new **medication** will work safely with
other **medications** or supplements

What foods, drinks, or activities should be
avoided while taking the medication

Please call Whole Health at
(949) 305-0788 Monday through Friday from
9:00 a.m. to 5 p.m.
to talk about your new medication.

Pharmacists are available on-call 24/7 for any urgent matters.

Patient Information

Appeals

If your health plan does not cover your medications, or you disagree with the benefits or coverage of your medication(s), you may be able to file an appeal with your health plan. Contact your health plan for more information.

Returned Products Policy

The law forbids the resale or reuse of prescription drugs or items that were previously dispensed. As a result, no credit can be given for any unused or excess products. Follow the instructions given with your medication regarding the safe disposal or give us a call at (949) 305-0788 for more information.

Returning Supplies and Equipment

Once supplies have been delivered to your home, Whole Health cannot reuse them. Keep the supplies you may be able to use in the home and dispose of the rest properly. If you have any questions about disposal, please call (949) 305-0788.

Drug Claims / Patient Financial Responsibility

Whole Health takes care of the billing of your medication(s) on your behalf. However, you may still have to pay a part of the cost, which is called a co-payment. You will be responsible for paying your co-payment when you order your medication or refills. During the refill call, we will tell you exactly how much you need to pay and if you are in-network or out-of-network and the difference in cost. Cash price is available upon request.

Medical Insurance Claims

Whole Health will bill all medical insurance claims for you, but you may still be responsible for paying a co-insurance and/or deductible amount.

Outstanding Balances

If for any reason you owe a balance, the balance will need to be paid before your next refill. We accept Visa, MasterCard, American Express, and Discover credit cards. You may also write us a check and mail it to us.

Payment Plan

If you need help in arranging a payment plan for the money you owe, please call our pharmacy at (949) 305-0788. If you get a check from the insurance company, you should send it to Whole Health Pharmacy with a copy of the Explanation of Benefits (also known as the EOB) statement you received.

Making Decisions About Your Healthcare

Advance Directives are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the provider give you the care you would wish to have. Call our pharmacy at (949) 305-0788 or visit our website at www.mywhrx.com to learn more.

Patient Management Program

Whole Health Pharmacy's Patient Management Program is a free clinical service offered to the Whole Health Pharmacy's patients being treated with specific specialty medications for severe and chronic conditions.

A specialty medication is a medication used to treat rare or complex diseases and requires close clinical monitoring and patient education. Usually filled by a specialty pharmacy, specialty medications often require special handling, storage, and administration. These medications are often high cost and require prior authorization from your insurance company. Our pharmacy is designed to efficiently deliver medications, with special handling, storage, and distribution requirements with standardized processes in coordinating many aspects of patient care and disease management. Our services are also designed to improve clinical and health benefits outcomes for patients with complex, often chronic, and rare conditions, with close contact and management by clinicians. Through our Patient Management Program, the pharmacists identify your special needs, develop individualized plans of care, provide patient education, help ensure appropriate medication use, and promote adherence. We achieve the highest possible outcome by performing clinical interventions and monitoring. We are here to help you improve your overall health outcomes.

Program Highlights

The Whole Health's Patient Management Program is designed specifically for each patient, their disease, and their specialty medication. Our program provides:

- Timely access to specialty medications
- One-on-one drug counseling and education with a specially trained pharmacist
- A close working relationship with your doctor and healthcare team throughout your treatment
- Pharmacists' availability 24/7, 365 days a year
- Free delivery of your specialty medication

Enrolling in Our Program

All patients who receive a specialty medication from Whole Health will automatically be enrolled in the Patient Management Program. You have the right to decline participation, revoke consent or disenroll at any time, simply by calling us to opt-out or complete and submit the Patient Management Opt-Out Waiver Form.

You may choose to re-enroll in the program at any time by calling us. No matter what you decide, Whole Health Pharmacy will still fill your prescriptions and provide you with all of our standard patient services, including free delivery. If we cannot fill your prescription because we are excluded from acquiring the specialty medication you need or from your insurance company, we will help you find a pharmacy that can fill your prescription.

Unless you choose not to be enrolled in the program, you will be contacted periodically by phone and/or meet with a clinical pharmacist to evaluate your clinical progress and answer any questions you may have. Customized care plans and ongoing assessments will help you to maximize your health outcomes. We will contact your doctor regarding any urgent/non-urgent medical issues and/or general insurance issues if needed.

Please call us at (949) 305-0788 if you need assistance or have any medication related questions.

Frequently Asked Questions

Q: What is a specialty pharmacy?

A: A specialty pharmacy dispenses complex and expensive medications that usually require special storage and handling and may not be easily available at your local pharmacy. Some of the medications that are dispensed by specialty pharmacies require extra supervision by a trained pharmacist or nurse due to the possible side effects or adverse reactions. Often times, specialty pharmacies are more involved in your drug therapy and may follow up with you on a regular basis to check how you are doing.

Q: How do I get a refill?

A: Please expect a phone call about a week before your next refill is due from one of our Patient Care Specialists. They will go over a few questions about how you are doing on the medication to make sure you are not having any issues with your therapy. If approval is needed for a prescription from your provider or insurance company, you will be informed of what steps to take to get the approval. If we are not able to contact you after three attempts, we will send you a letter via the United States Postal Service. If you have not heard from us when you have 5 days of medication remaining, please contact us at (949) 305-0788. Lastly, we will gladly help you with any issues with your medication such as vacation supplies, early refills due to change in therapy, or a manufacturer replacement due to a defective device, etc. Our pharmacy is also open for walk-ins during regular business hours.

Q: How do I place a new prescription order?

A: In most cases, Whole Health will work directly with your prescriber when you need a new prescription. The prescriber will be calling in or electronically sending a new copy of your prescription. However, you may place an order by bringing in a paper copy during normal business hours or call our pharmacy at (949) 305-0788 to alert one of our staff members to contact your prescriber to get a new prescription.

Q: How do I check on the status of my prescription?

A: You may call the pharmacy at any time at (949) 305-0788 to check on the status of your order. In the event that there is a delay in your delivery, we will contact you to let you know and what the next steps will be.

Q: Will you ever substitute my medication for a different one?

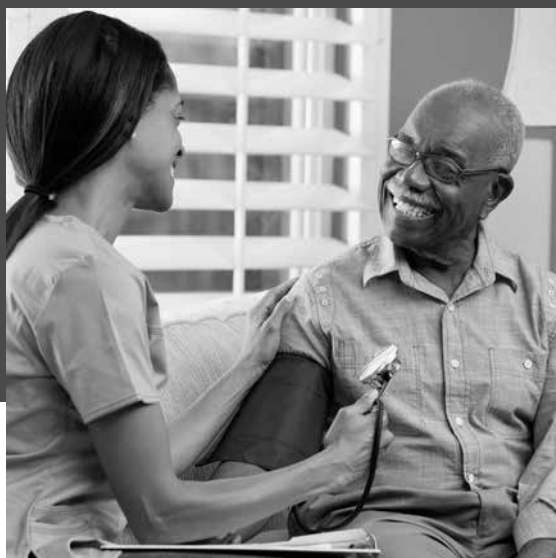
A: Whole Health may substitute a non name-brand drug for a prescribed drug unless the prescriber writes, "Dispense As Written". If you are unsure if the medication(s) are as good or work the same way, Whole Health will contact the drug manufacturer and/or refer to the FDA Orange Book.

Q: What if the pharmacy can't fill my prescription?

A: If at any time we are unable to fill a medication, Whole Health will find out exactly where you are able to fill the prescription and how you can receive it. We will send your prescription and any appropriate information to that pharmacy and reach out to give you all the details of your new pharmacy.

Q: How do I get started?

A: Your provider will send your prescription to us. We will work with your provider on getting the medication covered by your insurance plan (Prior Authorization). Once approved, our staff will help coordinate your medication delivery to make sure you get your prescription as soon as possible. You will be informed of any financial responsibility once the prior authorization is approved.



Q: How do I move my prescription to another pharmacy?

A: Simply call us at (866) 491-5038, give the name of the medication along with the name and phone number of the pharmacy and the prescription to be transferred. Whole Health will contact the pharmacy where your prescription is to be moved to and give the information needed to fill your prescription. We will inform you if the prescription has no remaining refills so that you may contact the prescribing provider.

Q: How do I access my medication in an emergency or disaster situation?

A: Whole Health will make reasonable attempts to contact each patient following a disaster to evaluate their needs. Whole Health will prioritize patients based upon the urgency of the need for service. You may also call the pharmacy at (866) 491-5038 to alert us of your situation. If you are unable to receive your medication at your home due to a natural disaster, we are able to ship the medication to any location chosen by you (i.e. friend/family member's home, storm shelter, etc.). If our pharmacy is affected by a natural disaster, we will transfer your prescription to a local pharmacy that can take care of your needs. If you have missed a dose or treatment, please speak with one of our pharmacists to discuss how to handle your missed dose.

Q: How and when do I pay?

A: You will be told of the cost of your medication during the refill call once the prescription is processed. During the call, the Patient Care Specialist can answer any questions related to the prescription cost including: out-of-pocket costs, deductibles, co-payments, co-insurance, limits, etc. You may pay at the time of the refill call or wait for an invoice to be sent to your mailing address. If at any point you have difficulty with covering the cost of the medication, a staff member can help in enrolling you into a co-pay assistance program. Please reach out to a Patient Care Specialist for more details at any time.

Q: How do I request an interpreter?

A: At Whole Health Pharmacy, we offer free professional interpreters to help you and our team communicate with each other. Once you ask for an interpreter, our staff will have the interpreter join the call.

Q: What to do if you experience an allergic reaction without a healthcare professional present?

A: If severe with any shortness of breath, chest tightness or throat feeling closed, call 911 immediately. For any non urgent reactions call the pharmacy at (866) 491-5038 or your provider who ordered the medication. If after hours and non severe visit an Urgent Care.



Q: What do I do if my medication has been recalled?

A: Upon receiving notification of a product recall, Whole Health will take the following steps:

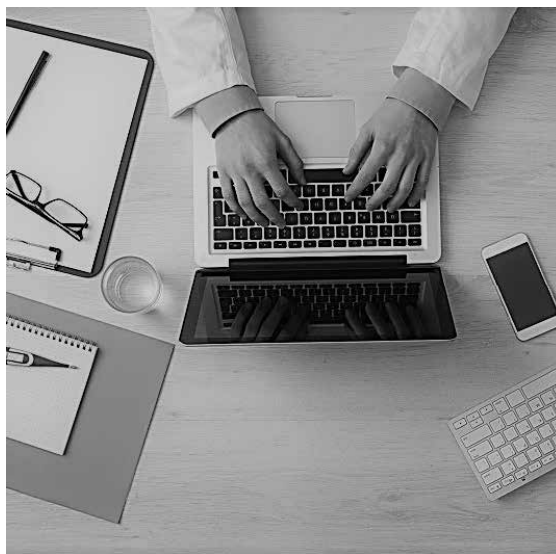
1. Produce a list of items and records for the destruction of the recalled item.
2. Contact the patient/caregiver by telephone as appropriate to arrange for exchange of products. Whole Health communication methods that may be used include:
 - Contact you by phone or certified letter.
 - Contact your emergency contact friend or relative.
 - Contact your provider's office.
3. Remove the item(s) from service.
4. Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form

Q: What do I do if I experience adverse reactions?

A: An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medication. Below you will find a list of some of the possible adverse reactions that are possible to experience when starting new medications:

- Headache, tremor, dizziness; muscle spasms, confusion;
- Nausea, vomiting, diarrhea;
- Skin rash or flushing;
- Low blood pressure, high blood pressure, irregular heart beat, fast heart rate, or slow heart rate;
- Shortness of breath, difficulty in breathing, or slowed breathing.

If an adverse drug reaction is reported to our clinical staff, the pharmacist will do a complete analysis with you based on the medication. Based on his/her clinical judgment, the pharmacist will create a plan of action. This plan of action could include counseling you on common ways to prevent and manage adverse reactions if one is reported, or contacting your provider to get instructions that may involve stopping the medication you're taking, or adjusting the dose. If you experience any serious or life-threatening reactions from the medications you're taking, go to the nearest emergency room immediately or dial 911. We also ask our patients to have a friend or family member around when taking a new medication for the first time.



Q: How do I throw away my medication?

A: Attached at the end of this information packet is a list of options for throwing away sharps. For throwing away other medications, please contact our pharmacy at (949) 305-0788 for specific directions. Generally, we discourage patients from flushing any medications down the toilet to prevent water pollution except for a select few medications. Please refer to the resource given by the FDA for more information: <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>

Q: How do I voice my concerns?

A: If at any time you are not happy with the care or services we have given you, we want to know about it. If you have any concerns or problems with your medication or services, please contact us on the phone at (949) 305-0788 or submit a complaint form on our website at <https://www.mywhrx.com/contact.php>

All concerns and complaints will be recorded and dealt with in a timely manner. If an immediate resolution is not reached, a verbal response will be given within one business day. All Patient Care Specialists are trained to pass any major issues to a manager. The pharmacy will keep you informed of the complaint resolution progress. Notice will be given no later than 5 days upon receipt of the complaint. The final stage of the complaint process is a written letter to you that outlines the complaint, research conducted, the corrective and preventive measures put in use as the case requires, and the final result with explanations, all within 14 days.

In the event you are not happy with the final result, you may also contact your state board of pharmacy, or the Accreditation Commission for Health Care (ACHC) at 919-785-1214 regarding your concerns.

Q: How do I report medication errors?

A: If at any time you find an error with your medication, please quickly contact us by calling (949) 305-0788 so we can give you a replacement as soon as possible and resolve any issues or concerns. The information you give us is protected, safe, and private.

Patient Rights & Responsibilities

At Whole Health our patients have the following rights and responsibilities regardless of race, color, culture, language, ethnicity, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, age, national origin, physical or mental disability, and/or veteran status.

Patients have the right to:

Respect and Privacy

- Have Personal information shared with the patient management program only in accordance with State and Federal Law.
- Patients will get respect in a caring and safe place.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Patients will have their property and person treated with respect, consideration, dignity, and individuality.
- Patients will be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and mistreatment of client/patient property.
- Patients will be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.

Quality Care

- Patients will be given medication education and pharmacist consultations on services being provided. Patients will be informed of any changes to the Patient Management Program as well as any changes to their Plan of Care.
- Patients will be given appropriate care, without discrimination, according to their provider's orders.

Information & Communication

- Patients will know the names and roles of those caring for them. Patients will be able to identify visiting staff members through proper identification.
- Patients will have the right to speak with a supervisor.
- Patients will be fully informed of one's responsibilities.
- Patients will have the right to speak with a health professional.
- Patients will be communicated with in a language and method they can understand.
- There will be communication between the patient's provider and Whole Health to manage their medication needs.
- Patients will be encouraged to participate in the development and periodic revision of their plan of care.
- Patients have the right to be informed in advance, both orally and in writing, of care being given, options, health status, benefits, risks, recommended treatments, treatment charges including payment for care/service expected from third parties, and any charges for which the client/patient will be responsible. Patients will also be informed of any financial benefits when referred to an organization.
- Patients have the right to know about the goals and details of the Patient Management Program including the benefits and limitations of the program.
- Patients may obtain information about the status of their medication and options.
- Patients will be informed of Whole Health's policies and procedures regarding the disclosure of clinical records.

Make Decisions

- Patients have the right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Patients have the right to choose a caregiver, someone who can speak on their behalf when the patient is not available.
- Choose a healthcare provider, including an attending physician, if applicable
- Patients have the right to opt-out of Whole Health's patient management program services upon written or verbal request and be informed of their options at any time.
- Patients may reinstate into Whole Health services upon request.

Complaints

- Patients may freely voice complaints without fear of unfair treatment and know that their complaints about treatment or care that is (or fails to be) given, or lack of respect of property will be fully investigated.
- These complaints include any violations involving mistreatment, neglect, verbal, physical, or sexual abuse by anyone giving services on behalf of Whole Health.
- Patients may voice grievances/complaints about the 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.

Patients have the responsibility to:

Give information. Patients should give information to the best of their knowledge, including accurate information about present complaints, past illnesses, hospitalizations, medication(s), alternative therapy and other matters relating to their health. Patients should also give accurate contact information.

Share information. Patients should notify their treating provider about being in the Patient Management Program.

Share expectations. Patients should share their expectations and satisfaction with the organization.

Ask questions. Patients should ask questions when they do not understand the care, treatment, services, and/or what they are expected to do.

Follow instructions. Patients should follow instructions about their care, treatment, or services. They should also express any concerns about their ability to follow the instructions. Patients should submit any forms that are needed to participate in the program, to the extent required by law, including properly maintaining any equipment provided.

Accept consequences. Patients should accept their share of responsibility for the outcomes of care, treatment, or services if they do not follow the instructions given.

Follow policies and procedures. Patients should follow Whole Health's policies and procedures.

Show respect and consideration. Patients should be considerate of Whole Health's staff and property, as well as other patients and their property. Abusive behavior or language and threats are not tolerated.

Report changes. Patients should report any changes regarding their health or form of contact. This includes, but it is not limited to, changes in insurance, contact information, and primary provider information.

Report concerns. Patients should notify the pharmacy of any concerns about the care or services given.



Notice of Privacy Practice

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 PHI?

Protected Health Information (PHI) or electronic health information (ePHI) includes all individually identifiable health information. This includes demographic data, medical histories, test results, insurance information, and other information used to identify a patient or give healthcare services/coverage. The types of information covered by this policy also includes telephone/cellphone communications and verbal and faxed information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will secure and properly store all records and identify who has authority to review or access clinical records. This is to prevent loss, destruction, or tampering of information.
- We will require all personnel with access to PHI to sign a confidentiality statement.
- We will alert you right away if there is a breach that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you let us know in writing that we can. You may also change your mind at any time, just let us know in writing.
- For more information, go to the website: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in any category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treating you. We can use your PHI and share it with other providers who are treating you or administering your medication(s) or services. An example of this practice is providing your prescription information to the pharmacy of your choice so that it may be dispensed.

Billing for your services. We can use and share your PHI to bill and get payment from health plans or other entities. For example, we may contact your insurer to determine whether it will pay for your prescription and the amount of your co-payment.

Running our pharmacy. We can use and share your PHI to run our pharmacy, better your care, and contact you when needed as we give services to you. For example, we may use your PHI to review and assess the quality of the services we give to you. We also may disclose your PHI to our attorneys and auditors for assistance with legal compliance.

Public health and safety. We can share health information about you for certain situations, such as: preventing disease, helping with product recalls, reporting adverse drug reactions, reporting suspected abuse, neglect, or domestic violence, or preventing a serious threat to anyone's health or safety.

Comply with the law. We will share information about you if state or federal laws require it. This includes sharing with the Department of Health and Human Services if they want to see that we're complying with federal privacy law. We can share health information about you in response to a court or administrative order, or in response to a subpoena.



How We Won't Use Your PHI

- We do not ask for, collect, or store genetic information
- Marketing purposes
- Sale of your PHI

Your Health Information Rights

You have the following rights with respect to your PHI that we maintain:

- Get an electronic or paper copy of your medical record. You can ask to see or get a copy of an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this by contacting Whole Health. We will give a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee. We may deny your request in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- Receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:
 - i. To carry out treatment, payment and health care operations as stated above;
 - ii. Incidental to a use or disclosure otherwise permitted or required by applicable law;
 - iii. Pursuant to your written authorization;
 - To persons involved in your care or for other notification purposes as stated by law;
 - For national security or intelligence purposes as stated by law;
 - To correctional institutions or law enforcement officials as stated by law;
 - As part of a limited data set as stated by law.
- To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our pharmacy. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Get a copy of this Notice. You may request a copy of this Notice at any time. To obtain a paper copy of the Notice, please call Whole Health at (866) 491-5038.
- Receive written notification following a breach of your unsecured PHI.
- Give alternative communications on the Notice to individuals with disabilities in another format in compliance with Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990.
- We shall honor requests to restrict certain disclosures of your PHI to a health plan regarding services or a healthcare item for which you have paid Whole Health out of pocket in full.
- Request a restriction on certain uses and disclosures of PHI. You have the right to request certain restrictions on our use or disclosure of your PHI that we maintain. To request such a restriction, please send a written request to Whole Health.
- Ask us to correct your medical record. If you feel that the PHI we maintain about you is incomplete or (cont.)

incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI in a designated record set. To request an amendment, you must send a written request to Whole Health. You must include a reason that supports your request for amendment. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

- Request communications of PHI by alternative means or at alternative locations. You may request that we contact you concerning your PHI by alternative means and/or at alternative locations. For example, you may request that we contact you about medical matters only in writing or at a different residence. To request to receive communications of your PHI by alternative means or at alternative locations, you must submit a written request to Whole Health. Your request must state how or where you would like to be contacted. We must accommodate all reasonable requests. We will not ask you to give a reason for your request.

Other Ways We May Use or Disclose Your PHI for the Following Purposes

- Some of the services we give are delegated to contractors, known as Business Associates. We will give your PHI to those of our contractors who require the information to perform certain services on our behalf. For example, we may give PHI to a claims submission service that ensures that our claims are submitted in the appropriate form to the appropriate payers. To protect you, we require the Business Associate and their contractors to appropriately safeguard the PHI.
- Communication with individuals involved in your care or payment for your care. We may disclose to a person involved in your care or payment for your care PHI relevant to that person's involvement in your care or payment.
- To give appointment reminders for treatment or medical care.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To disclose to any other individuals authorized by you to the extent directly related to that person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or help in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you do not allow us to. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- We will allow authorized persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.
- We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.
- We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.
- We will use or disclose PHI about you when required to do so by applicable law.
- In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the pharmacy as required by applicable law.

Special Situations

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

Organ and tissue donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as needed to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Worker's compensation. We may release PHI about you for programs that give benefits for work-related injuries or illnesses.

Public health activities. We may disclose PHI about you for public health activities, including disclosures:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medication or problems with products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

Health oversight activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; or
- In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.

Coroners, medical examiners and funeral directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as needed to carry out their duties.

National security and intelligence activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may give protection to the President or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be needed (1) to give you health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Serious threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may have certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Aggregated or De-Identified Data

We may use aggregate or de-identified data for various business purposes to learn more about the benefits of our program and how we may better our services or create additional service offerings.

Contact Information or to Report a Problem

If you have any questions or would like additional information about Whole Health's privacy practices, you may contact Whole Health. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized or otherwise retaliated against in any way for filing a complaint.

Notice of Privacy Practice Acknowledgment

Whole Health has the duty to maintain the privacy of your documented treatment information and to give you notice of its legal obligations and Privacy Practices with respect to your treatment information. Whole Health must date and comply with the Privacy Notice currently in effect. Whole Health reserves the right to amend and/or update its Privacy Notice from time to time upon change of practices or revisions or laws. If its Privacy Notice is revised, copies of revisions and dates revised shall be posted in Whole Health service areas. Whole Health reserves the right to implement the changes prior to issuing the revised Privacy Notice.

Whole Health must obtain your informed consent to give treatment, make payments, or perform other healthcare operations on your behalf. You will be required to read and give your consent in writing. This consent will remain in effect until completion of your treatment services with Whole Health. However, you may revoke your consent, in writing, at any time during the course of treatment services except to the extent that Whole Health has taken action in reliance on the consent.



Patient Safety & Emergency Preparedness

Patient Safety

Sharps:

After using any medication you inject, place all needles, syringes, lancets, and other sharp objects into a sharps container. We will give one free of charge. If at any time you do not have a sharps container nearby, a hard plastic or metal container with a screw-on lid or secure lid can be used. Examples include: an empty coffee can or liquid detergent container. Make sure to secure the lid with heavy-duty tape and do not use clear plastic or glass containers. Do not fill the container more than 75% full. Please refer to the handout included at the end of this packet for sharps disposal information.

Needle-stick safety:

1. Never place the cap back onto a needle.
2. Throw away used needles right after use into a sharps container.
3. Plan ahead for the safe handling and disposal of needles before using them.
4. Look for medical help if you receive any needle-stick or sharps-related injuries right away.

Infection control:

1. Items that only touch unbroken skin (e.g., blood pressure cuffs, stethoscopes, and other medical items) rarely, if ever, transmit disease. These items should be cleaned with alcohol after each use. Should any piece of item become contaminated with blood or other potentially infectious material, the item should be cleaned with a chemical that kills germs.
2. All excretions, releases of fluid, blood, and drainage should be thrown out in the toilet.
3. To decrease contamination during use as much as possible, products must be handled in a manner that will protect you from contamination. The steps include the following:
 - Wash hands, making sure to use good hand washing methods.
 - Unpack and handle products in a manner that maintains the highest level of cleanliness.
 - Properly store all products.

Hand-washing directions:

Getting an infection can become a serious issue, especially if your medication(s) decreases your body's ability to fight infection. Follow these instructions given by the Centers for Disease Control and Prevention.

When should you wash your hands?

1. Before, during, and after preparing food
2. Before eating food
3. Before and after caring for someone who is sick
4. Before and after treating a cut or wound
5. Before handling any medication(s)
6. After using the toilet
7. After changing diapers or cleaning up a child who has used the toilet
8. After blowing your nose, coughing, or sneezing
9. After touching an animal, animal feed, or animal waste
10. After handling pet food or pet treats
11. After touching garbage

How should you wash your hands?

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. 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.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

What should you do if you don't have soap and clean, running water?

Washing hands with soap and water is the best way to reduce the germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce germs on hands in some situations, but sanitizers do not kill all types of germs and might not remove harmful chemicals. Hand sanitizers are not as effective when hands are visibly dirty or greasy.

How do you use hand sanitizers?

1. Apply the product to the palm of one hand (read the label to learn the correct amount).
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until your hands are dry.

Home Safety

Common problems like unsafe storage habits, damaged electrical equipment, or poor safety precautions in the home can lead to injuries including: falls, poisonings, suffocation, burns, drowning, etc. Always keep a list of emergency contact information readily available. Please call our pharmacy at (866) 491-5038 if you have any questions on how to handle your medication(s)/equipment or what to do with a missed treatment or delivery due to an emergency situation. Read the following information to keep yourself and others safe.

How to prevent falls:

1. Clear the clutter. Instead of putting items on the floor, put them in storage rooms, bins, or closets. This can help you avoid dangerous footing.
2. Do not use rugs. They're actually more likely to cause you to fall. If you want to keep your rugs, put tape under small rugs to prevent slipping.
3. Safety proof stairs. Install handrails on both sides of the stairs and place a gate at the top of the handrails. For small children, place safety gates at the top and bottom of the stairs.
4. Install handrail guards to keep them from slipping through the cracks. Adding attached carpeting or a stair runner to hardwood stairs can add more traction to prevent slipping.
5. Bathroom safety. Place grab bars and rubber mats in your bathroom and bathtub. Ask your medical equipment provider about a shower bench so you can sit in the shower. If you have trouble sitting or getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the toilet.
6. Bedroom safety. Ask your home medical provider about getting a hospital bed. These beds move up and down so you can sit up, recline, and adjust your knees. There are tables and supports available so you can eat, exercise, and read in bed. Bed rails are also an option, especially if you have a habit to move around at night. If you have difficulty walking, ask about a bedside toilet so you don't have to walk to the bathroom. Make sure light switches are within reach, and other important things you might need through the day or night. Install night-lights to help you find your way in the dark. If you are using an IV pole for your IV or therapy, make sure that all furniture, loose carpets, and electrical cords, and other items are out of the way so you do not trip and fall while walking around with the pole. Make sure there is enough lighting and night lights in the bathroom.
7. Wear footwear with rubber soles. Walking around with socks can be slippery and walking barefoot could cause a foot injury, which could trigger a fall.

How to prevent poisoning:

1. Store cleaning products safely and out of the reach of children.
2. Do not store dangerous materials in food containers.
3. Clearly label all unmarked liquid containers.
4. Keep any possibly dangerous gases outside and install a gas detector in your home.
5. Never mix any cleaning products together, especially bleach and ammonia (creates toxic gas).
6. Be careful when taking and storing medications, read the directions carefully and put them away in a secure location right after use.
7. Monitor heaters and fireplaces. Make sure to clean them once a year before the cold weather months.
8. Monitor children in the kitchen. Do not leave them unattended around stoves, microwaves or ovens because most poisonings can happen while parents are cooking.

9. Post the poison control center phone number in your kitchen (on the refrigerator, near the phone, and store it in your cell phone).

How to prevent choking and suffocation:

1. Always watch children! It is very easy for kids to choke or cut off their air supply on small items; especially toys. Put these items away in a safe place once they are finished with them.
2. Keep all plastic bags out of the reach of children.
3. Keep all strings, ropes, cords away from children.
4. Practice safety when putting babies to sleep. Keep objects out of their bed that can cause them to choke or cut off their air supply.
5. Monitor children when they are eating. Teach them the proper way to chew and eat food. Cut up foods that can be eaten in smaller pieces for babies and smaller children. Avoid candy and other hard foods that can cause choking.
6. Make sure to check the house regularly for small items that children may have access to and put them away to avoid swallowing.

How to prevent water-related injuries and flooding:

1. Never leave the water on when you're not around.
2. Monitor your children during bath time so that they won't drown.
3. Be cautious while bathing and don't use electronics in or around the water (including your phone).
4. Make sure the washing machine and dishwasher are turned off when you are done with them.
5. Turn the water off when you leave your home for a long period of time (as long as it's not too cold for pipes to burst).
6. Keep toilet lids closed.
7. If you have a swimming pool, install fencing all around to separate the house and yard from the pool. Clear everything from the pool once finished and never leave children unsupervised while swimming.

Electrical safety:

1. Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
2. If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
3. Use only good quality outlet "extenders" or "power strips" with internal circuit breakers. Don't use cheap extension cords.

How to prevent fires and burns:

1. Install smoke detectors on every floor of your home, most importantly in your kitchen, bedrooms and basement. Make sure the batteries are replaced every 6 months and test your alarms every month. Having a monitored smoke detector is an even better option because that will make sure that the fire is attended to quickly, especially if you are not home.
2. Be careful when cooking. Do not leave the kitchen unattended or your food could burn which could start a fire. Keep children away from the stove.
3. Place covers over electrical outlets.
4. Check to make sure your water heater is set no higher than 120°F.
5. Make sure chimneys, fireplaces, and furnaces are regularly cleaned.
6. Hire an electrician to come and check your electrical wiring yearly.
7. Keep children away from matches and other fire-starting products. Never leave them alone with electronics!
8. If you use oxygen in your home, make sure you understand the dangers of smoking near oxygen. Review the steps to prevent injury that come with your oxygen. If you aren't sure, ask your oxygen provider what they are.
9. Do not leave candles lit overnight or leave them unattended. Set a reminder for you to blow out the candles.
10. Have a fire extinguisher in your home, and have it tested regularly to make sure it still works.
11. Always be prepared for a fire. Create a safety plan for your household. Make sure everyone knows what to do in case of a fire. Add the following items to your safety plan:
 - Alert the fire department
 - Evacuate the area and rescue anyone from immediate danger
 - Turn off oxygen (if related), and try to contain the fire by closing off any access, such as doors
 - Only attempt to put out a fire if it is in a small localized area, otherwise leave the building and tell the fire department when you are safe

Emergency Preparedness

This information has been given by Whole Health to help you make an emergency plan in case a natural disaster happens around you. Many areas of the United States are likely to experience natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Earthquake:

- In earthquake-prone areas, store food with long expiration dates and extra bottled water. Have a transistor radio, flashlights and extra batteries.
- Check for injuries.
- Check for any gas or water leaks. Turn off appropriate valves.
- Stay away from windows or broken glass. Wear shoes at all times.
- Evacuate the area if needed.
- If evacuation is needed, go to the nearest shelter in your community. Let the organizers know of any special needs you have.

Power outage:

- Let your gas and electric companies know if there is a loss of power.
- Report any special needs for a backup generator to the electric and gas companies.
- Have a transistor radio, flashlights, batteries and/or candles available. (If you use oxygen, turn it off before lighting candles)
- Have a cooler on hand to fill with ice packs and keep your medication(s) cool.

Flood:

- In flood-prone areas, store extra food and extra bottled water. Have a transistor radio, flashlights and batteries available. Keep a tool box nearby to shut off valves for gas and water. Report any special needs for a backup generator to the electric and gas companies.
- Unplug your infusion pump unless the IV pole is touching water.
- Evacuate the area.
- If evacuation is needed, go to the nearest shelter in your community. Let the organizers know of any special needs you have.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to give you the best, most consistent service we can during the emergency.

Know what to expect:

- If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.
- Find out what, if any, time of year these emergencies are more common.
- Find out when you should evacuate, and when you shouldn't.
- Your local Red Cross, police agencies, local news and radio stations usually give excellent information and tips for planning.
- Know Where to Go
- One of the most important pieces of information you should know is the location of the closest emergency shelter.
- These shelters are opened to the public during optional and required evaluation times. They are usually the safest place for you to go, other than a friend or relatives home in an unaffected area.

Know what to take with you:

- If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have enough storage facilities for medication(s) that need refrigeration.
- We recommend that you call ahead and find out which shelter in your area will let you bring your medication(s) and medical supplies, also, let them know if you will be using medical equipment that requires an electrical outlet.
- During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication(s) and supplies. Bring all your medication(s) and supplies with you to the shelter.

Reaching us if there are no phones:

- How do you reach us during a natural emergency if the phone lines don't work? How would you contact (cont.)

us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and give you the number of our cell phone. (Cell phones often work even when the regular land phone lines do not).

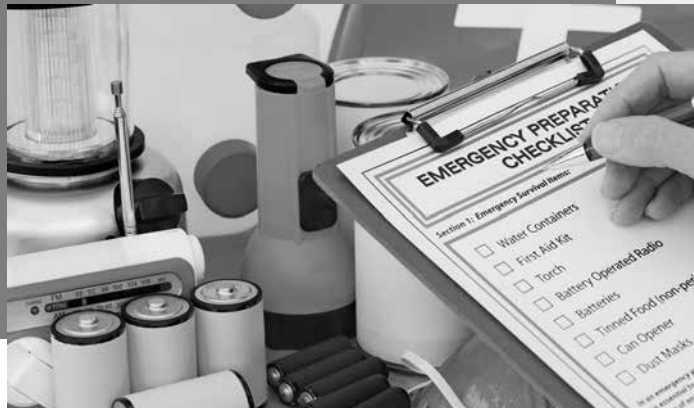
- If you have no way to call our cell phone, you can try to reach us by having someone you know call us from his or her cell phone. (Many times, cell phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us).
- If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law government agencies.

Prevention:

- We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.
- To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency happens. Will you go to a shelter, or a relatives home? If your provider has instructed you to go to a hospital, which one is it?
- Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another pharmacy.

Helpful tips:

- Get a cooler and ice or freezer gel-packs to transport your medication(s).
- Get all of your medication(s) information and teaching materials together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof bag or box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from a local store which is very useful if you don't have running water.
- If you are going to a friend or relatives home during evacuation, leave their phone number and address with Whole Health and your home nursing agency.
- When you return to your home, contact your home nursing agency and Whole Health so we can visit and see what supplies you need.



For more information:

There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information from FEMA at: <https://www.ready.gov/be-informed>

The information includes:

- Get informed about dangers/risks and emergencies that may affect you and your family.
- Develop an emergency plan.
- Collect and put together a disaster supplies kit, which should include:
 1. Three-day supply of non-perishable food
 2. Three-day supply of water – one gallon of water per person, per day
 3. Portable, battery-powered radio or television and extra batteries
 4. Flashlight and extra batteries
 5. First aid kit and manual
 6. Sanitation and hygiene items (moist towelettes and toilet paper)
 7. Matches and waterproof container
 8. Whistle
 9. Extra clothing
 10. Kitchen cooking utensils, including a can opener
 11. Photocopies of credit and identification cards
 12. Cash and coins
 13. Special needs items, such as prescription medication(s), eye glasses, contact lens solutions, and hearing aid batteries
 14. Items for infants, such as formula, diapers, bottles, and pacifiers
 15. Other items to meet your specific family needs
- Learn where to look for shelter from all types of dangers.
- Identify the community warning systems and evacuation routes.
- Include in your plan needed information from community and school plans.
- Learn what to do for specific dangers. Practice and maintain your plan.

An Important Reminder!

During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.



Contact Information

Hours of Operation

Monday through Friday, 9 a.m. to 5 p.m. (Pacific Standard Time).

All voicemails and emails outside of business hours will be responded to within one business day. A licensed clinical pharmacist is available 24 hours a day, 7 days a week for emergency pharmacy services.

Please contact us to speak to a Patient Care Specialist and/or pharmacist who can help with scheduling deliveries, obtaining prescription order status, and coordinating nursing support. They can also help with finding alternative therapies, navigating the complex health care system, explaining claims-related information, or for any of the services in this packet. If you have any questions, recommendations, or would like to voice a concern or error please contact us right away.

mywhrx.com

1415 N Broadway, Santa Ana, CA 92706

info@mywhrx.com

(949) 305-0788

Toll Free: (866) 491-5038

Other Important Resources

Suicide Prevention Hotline

If you or someone you know is suicidal, we recommend contacting the National Suicide Prevention Lifeline toll-free at 800-273-8255

Domestic Violence

If you need help for Domestic Violence call toll-free at 800-799-7233 (SAFE)

Child/Elder Abuse

If you need help or have questions about child abuse or child neglect, call the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453)

Push 1 to talk to a counselor. Or you can visit www.childhelp.org/hotline/. Adult abuse may also be reported by calling 1-800-222-8000.

Poison Control

Poison control centers offer free, confidential, expert medical advice 24/7 through the Poison Help Line, 1-800-222-1222. You may also reach them online at www.PoisonHelp.org

ACHC

ACHC is an accreditation agency that works with Whole Health Pharmacy. If we are unable to resolve your complaints or concerns, you may contact ACHC at 1-855-937-2242

State Board of Pharmacy

You may file a complaint about our pharmacy directly to the Board of Pharmacy by calling or submitting an online form. You can find this information by looking up your state board of pharmacy and following this link: <https://nabp.pharmacy/about/boards-of-pharmacy/>

Medication Recalls

If you ever have any questions about your medication(s) being recalled, you may find more information at: www.fda.gov/safety/recalls/

MedWatch

MedWatch is the FDA Safety Information and Adverse Event Reporting Program. Please visit: www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program for information on how to report adverse events that you observe or suspect for human medical products, including serious drug side effects, product use/medication errors, product quality problems, and therapeutic failures.

Sharps Safety

Where to Purchase Sharps Containers

Whole Health, Walgreens, Walmart, Rite Aid, CVS Pharmacy

Mail-Back Service for Disposal

EnviroMed Safety and Compliance
(877) 340-2430
www.enviromedinc.com

Republic Services
www.republicsharps.com

Sharps Compliance, Inc.
SCi Mail Sharps Disposal System
www.sharpsinc.com

GRO & Associates
(800) 207-0976
www.sharpsdisposal.com

Medasend, Inc.
(800) 200-3581
www.medasend.com

Stericycle, Inc.
(800) 355-8773
www.stericycle.com

Orange County Home-Generated Sharps Disposal

Anaheim
Anaheim Household Hazardous
Waste Collection Center
1071 N Blue Gum St.
Anaheim, CA 92806
(714) 834-4000

Costa Mesa
Costa Mesa Door-to-Door
Collection *Appointment Req'd*
City Resident Pickup
Costa Mesa, CA 92626
(949) 646-4617

Huntington Beach
HB Household Hazardous
Waste Collection Center
17121 Nichols Ln.
Huntington Beach, CA 92647
(714) 834-4000

Irvine
Irvine Household Hazardous
Waste Collection Center
6411 Oak Canyon
Irvine, CA 92618
(714) 834-4000

Placentia
Placentia Sharps
Mail-Back Program
City Resident Mail-Back
Placentia, CA 92870
(855) 737-7871

Visit

<https://safeneedledisposal.org/state-search>
for more information

For residents within the following counties, contact:

Orange County | (714) 834-4000
Los Angeles County | (800) 988-6942



Whole Health
Pharmacy
With Us, You're Whole.

Phone: (949) 305-0788
info@mywhrx.com
1415 N Broadway, Santa Ana, CA 92706

PATIENT MANAGEMENT PROGRAM OPT-OUT FORM

I, _____ understand that I have the right to withhold or withdraw consent at any time to the Patient Management Program without affecting my rights to future care or treatment. My decision to opt out from the Patient Management Program will not affect other services I receive from Whole Health Pharmacy.

I also understand that I can call the pharmacy at (949) 305-0788 at any time if I want to be enrolled in the Patient Management Program.

By signing this waiver, I am opting out my enrollment to Whole Health Pharmacy's Patient Management Program.

Patient Name: _____

Patient Signature: _____

Date of Birth: _____

Date: _____

Please mail back this form to Whole Health Pharmacy using our self-addressed envelope provided.

Confidentiality Notice: The information contained in this letter is confidential and legally privileged only to the recipient. It is intended ONLY for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regard to the contents of this letter, except its direct delivery to the intended recipient, is strictly prohibited. If you have received this letter in error, please notify us immediately and destroy this letter along with its contents.

ACTION REQUIRED

Caregiver Authorization & Emergency Contact Form

This form allows you to select your designated caregiver(s) in regards to your medical condition and specialty medication(s).

By signing below, you are authorizing the caregiver(s) to speak on your behalf to the Whole Health personnel. The listed caregiver(s) are ONLY allowed to provide medically necessary information to ensure that your care needs are fully met. Please also select an emergency contact in the event you or your caregiver are not available.

Please provide your information and the caregiver(s) information below and return it with the prepaid envelope that we have provided.

Patient Information

Patient Full Name (print)

Date of Birth (mm/dd/yyyy)

Patient Signature

Caregiver Information

First Caregiver Name (print)

Relationship

Phone Number

Second Caregiver Name (print)

Relationship

Phone Number

Emergency Contact Information

Emergency Contact Name (print)

Relationship

Phone Number

Special Requests:

Please note: If you decide to remove any of your designated caregiver(s), please notify us at **(949) 305-0788**

ACTION REQUIRED

Patient Acknowledgment Form

By signing below, I verify that I have received your Welcome book and read the following items: Notice of Privacy Practice, the Patient Rights and Responsibilities, Hours of Operation, Emergency Preparedness Education, Infection Control, and Contact Information.

I hereby authorize Whole Health to provide services, supplies, medications, and products as ordered by my provider. I authorize Whole Health all the rights to receive payment of insurance benefits. I authorize Whole Health to release all information and records related to the care I receive to my provider, insurance company, and any other health care professional involved in my care. I understand this consent is valid from the start of therapy and I may withdraw my consent at any moment by notice to Whole Health. I understand by withdrawing consent, all services thereafter will not be provided by Whole Health.

Full Name: _____

Date of Birth: _____ Phone Number: _____

Home Address: _____

Email Address: _____

Patient's Signature: _____

Today's Date: _____

Guardian Name: _____
(if applicable)

Guardian Signature: _____
(if applicable)

IMPROVING HEALTH, ONE PATIENT AT A TIME...

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