

# Patient Handbook

*BSA Harrington Physician's Inc. Pharmacy*





# PHARMACY



## Welcome to BSA Harrington Physician's Inc. Pharmacy

We're here to provide specialty medications and personalized support to help you manage your health. Our goal is to make your experience safe and supportive every step of the way.

### Contact Us

**Location:** 1751 Wallace Blvd., Suite B, Amarillo, TX 79106

**Phone:** 806-212-1860

### Hours:

- Monday–Thursday: 8 a.m.–5 p.m.
- Friday: 8 a.m.–noon
- Closed Saturday, Sunday and major holidays

A licensed pharmacist is available 24/7 for urgent medication needs at our main number.



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# What We Do

Our pharmacy team works closely with your doctor, insurance and care team to ensure you get the medication and support you need.

We:

- Coordinate with your provider and insurance to secure coverage.
- Help you find financial assistance, if available.
- Teach you how to take your medication safely.
- Arrange pick-up or delivery so you never miss a dose.

## Filling Prescriptions

- Your provider will send your prescription directly to us.
- We'll enroll you in our **Patient Management Program** (at no extra cost), which includes education, side-effect management and ongoing support.
- Participation is optional — call us if you'd like to opt out.

**Need a different pharmacy?** We'll help you transfer your prescription without delay.

## Refills

- We'll call you about one week before your medication runs out to:
- Check your progress.
- Verify your therapy.
- Request a new prescription if needed.
- You can also request refills by:
- Visiting the pharmacy (2nd floor, turn right off the elevator, then left — we're on the right).
- Calling 806-212-1860 (please allow two business days for processing).

**Traveling or lost medication?** Call us right away. We'll work with your insurance to prevent gaps in therapy.

## **Insurance & Billing**

- We work with your insurance company to get coverage for your medications.
- We will let you know the exact amount for your copay before or at the time of delivery.
- If your copay is high, we'll help you apply for financial assistance programs.
- If a prior authorization is needed, we'll handle the paperwork and keep you updated.
- If your insurance plan considers BSA Harrington Physician's Inc. Pharmacy an "out of network" pharmacy, we will inform you of the cost to fill your medication with us. Our staff will transfer your prescription to an "in network" pharmacy if there is a cost savings to you.

## **Pharmacist Support**

Our pharmacists are trained in your specific medication.

They:

- Teach you how to take your medication correctly.
- Help you manage side effects and drug interactions.
- Work directly with your provider to make sure your treatment is safe and effective.

A pharmacist is always available to answer questions — day or night.

# Frequently Asked Questions

## **What is a specialty pharmacy?**

A specialty pharmacy provides complex medications that often require special handling, storage or monitoring. These medicines usually cannot be filled at a local retail pharmacy.

## **Is the pharmacy able to dispense my medication?**

In most cases, yes. We have access to most specialty medicines. If we are unable to provide your medication, we will work directly with you and another pharmacy to make sure you receive what you need.

## **Will my insurance cover my prescriptions here?**

In most cases, yes. If your insurance requires you to use another pharmacy, we will transfer your prescription for you.

## **Will you ever substitute my medication with another?**

Sometimes we may substitute a generic drug for a brand-name drug. This usually happens if your insurance requires it or to reduce your copay. If a substitution is needed, we will contact you before shipping the medication.

## **When should I contact BSA Harrington Physician's Inc. Pharmacy?**

- Your address, phone number or insurance changes.
- You have questions about the status or delay of your medication.
- You have concerns about how to take your medication.
- You need to start or stop a medication, or if your dose changes.
- You experience a reaction or allergy to your medicine.
- You want more information about your treatment plan.
- You need to report a suspected medication issue or shipping/dispensing error.
- You are notified of, or suspect, a drug recall.  
*We follow FDA, manufacturer and state guidelines for recalls and will notify you and your provider if a recall affects your medication.*
- You want to transfer your prescription to another pharmacy.

## **What do I do if I have an adverse reaction to the medication?**

If the reaction is serious or life-threatening, call 911 or go to the nearest emergency room right away. Be sure to inform us and your prescribing doctor of the reaction.

## **Can I return medication?**

No. Once dispensed, medication cannot be returned. If your medicine is recalled or defective, please call us for assistance.

## **How do I get my medication in case of an emergency or disaster?**

If severe weather or other emergencies are expected, we will make every effort to deliver your medications and supplies early. We will attempt to call you with special instructions. If we cannot dispense your medication or if you cannot reach us, we will send your prescription to another pharmacy.

## **How do I dispose of unused medication?**

Contact us for guidance or visit the FDA's safe disposal page at [fda.gov](http://fda.gov).



## Patient Safety Tips

- Wash hands before and after handling medications.
- Store medications out of children's reach.
- Use sharps containers for needles and syringes.  
*Visit [SafeNeedleDisposal.org](http://SafeNeedleDisposal.org) for guidance.*
- In an emergency, always call 911 first.



# Emergency Preparedness

## PREVENTING FALLS

- Keep floors clean and wipe up spills right away.
- Use rugs with non-skid backs or rug liners.
- Place a non-slip mat or adhesive strips in tubs and showers.
- Keep cords out of walkways.
- Make sure stairs have handrails.
- Keep hallways and walkways well lit; use nightlights when needed.

## FIRE AND BURN SAFETY

- Install smoke detectors and replace batteries once a year.
- Test smoke detectors monthly.
- Create a fire escape plan and review it with your family.
- Use outlet covers.
- Set your water heater no higher than 120°F.
- Keep kids away from stoves; never leave cooking unattended.
- Store matches and lighters out of children's reach.

## NATURAL DISASTERS (FLOOD, EARTHQUAKE OR TORNADO)

- Keep extra food, bottled water and supplies on hand.
- Have a battery-powered radio, flashlights and extra batteries.
- Check for gas or water leaks and shut off valves if needed.
- Stay away from windows and broken glass; wear shoes indoors.
- Do not use your stove for heat.

Use:

- Extra blankets, sleeping bags or warm clothing.
- A wood-burning fireplace (keep dry firewood ready).

- Evacuate if needed. If you move, notify us with your new contact information for medication deliveries.

## DURING A POWER OUTAGE

- Notify your gas and electric company if you lose power or have special medical needs.
- Use a battery-powered radio and flashlights (avoid candles).

# Patient Rights & Responsibilities

## **Patients have the right to:**

- Effective communication that is delivered in a manner which is understandable to each patient including the use of language interpreters and resources for patients with communication impairments.
- Information provided in a manner tailored to the patient's age, language and ability to understand.
- Respect for cultural and personal values, beliefs and preferences.
- Privacy and confidentiality of protected health information, within legal limits, including discreet handling of case discussion, consultation, examination and treatment.
- Visitation including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member or a friend and the right to withdraw or deny such consent at any time.
- Know the name and professional status of the physicians and others involved in care.
- Access spiritual guidance and pastoral care support.
- Effective assessment and management of pain.
- Access, request amendment to and obtain information on disclosures of health information, in accordance with law and regulation.
- Have a support individual present for emotional support during the course of your stay, unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated [the individual may or may not be the patient's surrogate decision-maker or legally authorized representative].
- An environment free from discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
- Considerate and respectful care that recognizes individual psychosocial, cultural and spiritual values, beliefs and preferences.
- Participate in decisions about care, treatment, and services including the right to have family and physician promptly notified of admission to the hospital.
- Involvement of surrogate decision-maker in making these decisions when the patient is unable.

- Refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
- Family involvement in care, treatment and services, decisions to the extent permitted by the patient or surrogate decision-maker.
- Receive information about outcomes of care, treatment and services and any unanticipated outcomes.
- Participate in determining care by consenting to recommended treatments or procedures, formulating advance directives, deciding to withhold resuscitative services, deciding to forgo or withdraw life-sustaining treatment and appointing a surrogate decision maker.
- Give or withhold informed consent, including informed consent for production or use of recordings, films or other images of the patient for purposes other than their care.
- Participate or not participate in a research, investigation or clinical trial program.
- Create an advance directive and have hospital staff and practitioners who provide care in the hospital comply with the directive.
- Be free from neglect, exploitation and verbal, mental, physical and sexual abuse.
- File a complaint and have complaints reviewed by the hospital.
- Access to protective and advocacy services.
- Remain free from seclusion and restraint of any form that is not medically necessary.
- Optimal comfort and dignity during the terminal stage of an illness.

**Each patient has the responsibility to:**

- Provide proper identification.
- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications and/or alternative therapy used.
- Report perceived risks in his or her care and unexpected changes in his or her condition.
- Inform the doctor or nurse if the patient does not understand the plan of care and what is expected of the patient.
- Know and follow the treatment plan prescribed by the medical team.
- Express concerns about his or her ability to follow the plan of care.
- Make and keep appointments and notify the staff when unable to do so.

- Accept responsibility for outcomes related to refusing treatment or not following the medical team's instructions.
- Follow hospital rules and regulations and secure all valuables and belongings.
- Demonstrate consideration for the rights of staff, other patients and visitors and assist in the control of noise, the number of visitors and our non-smoking policy.
- Respect hospital property and the property of others.
- Meet any financial obligations agreed to with the hospital in a prompt manner and provide necessary financial information.

**Additional rights and responsibilities for patients enrolled in the Patient Management Program:**

- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Speak to a health professional or a staff member's supervisor
- Receive information about the patient management program and decline participation, or disenroll, at any point in time.
- Notify the program of any changes to the patient's clinical or contact information.
- Notify the treating prescriber of the patient's participation in the patient management program.

# Concerns and Complaints

You have a right to voice concerns and recommend changes in care or services without fear. Complaints and concerns are reviewed and investigated within five (5) business days of receipt. You will be notified, either by phone or in writing, of our resolution.

## Contact us:

**In-person:** 1751 Wallace Blvd., Suite B, Amarillo, TX 79106

**Phone:** 806-212-1860

If BSA Harrington Physician's Inc. Pharmacy cannot resolve your concern, you may contact:

### **Texas State Board of Pharmacy**

**Phone:** 800-821-3205 or 512-305-8070

**Online:** <https://www.pharmacy.texas.gov/consumer/complaint.asp>

**Mail:** Texas State Board of Pharmacy

1801 Congress Avenue

Suite 13.100

Austin, TX 78701

### **State Health and Human Services**

**Phone:** 866-566-8989

**Online:** <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/submit-a-complaint>

### **Accreditation Commission for Healthcare (ACHC)**

*BSA Harrington Physician's Inc. Pharmacy is an accredited specialty pharmacy.*

**Online:** <https://achc.org/contact/>

**Mail:** Accreditation Commission for Health Care

139 Weston Oaks Ct.

Cary, NC 27513

**Phone:** 855-937-2242

### **Medicare Helpline**

Medicare beneficiaries may submit complaints regarding concerns of quality of care, coverage decisions and premature discharge by calling 1-800-MEDICARE.



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806-212-1860 | [bsahs.org](http://bsahs.org)