



DAMIEN CENTER

Pharmacy Welcome Packet

Damien Pharmacy

Pharmacy Phone: 317-981-1989
Pharmacy Fax: 317-981-1990
Email: pharmacy@damien.org
Toll Free Number: 844-681-3335

Damien Center

Center Phone: 317-632-0123
Center Fax: 317-632-4362
Email: damien@damien.org

Damien Cares

Care Phone: 317-432-0130
Care Fax: 317-423-0130
Email: clinic@damien.org
Toll Free Number: 844-681-3335

**26 N. Arsenal Ave
Indianapolis, IN 46201**

Monday: 8:30AM – 5:30PM
Tuesday: 8:30AM – 7:00PM
Wednesday: 10:00AM – 5:30PM
Thursday: 8:30AM – 5:30PM
Friday: 8:30AM – 3:00PM
Saturday & Sunday: Closed

Damien Pharmacy observes the following holidays and will be closed:

New Year's Day
Martin Luther King, Jr. Day
President's Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day
New Year's Eve

Please visit www.damien.org/pharmacy for additional information. about holidays and other closures

The Damien Center's Mission: to be a trusted partner in providing services, education, and advocacy for all people living with or at risk for HIV and any person seeking a safe and welcoming home for care.

The Damien Center's Vision: every person in Indiana has equitable access to client-centered care, ending the HIV epidemic, and ensuring all people can thrive and live with dignity.

Damien Pharmacy Services:

Damien Pharmacy is a full-service retail pharmacy serving those living with HIV and those at risk for HIV regardless of where they receive their medical care as well as primary care patients of the Damien Cares clinic. We provide services to patients living anywhere within the state of Indiana. Expert pharmacists and certified pharmacy technicians assist with fulfilling your prescription needs. Prescription delivery is available at no charge. We offer delivery straight to your doorstep through local courier, UPS or US Mail. Our goal is to ensure that your out-of-pocket expense is minimal. The pharmacy staff is familiar with copay cards from the manufacturer, patient assistance foundations as well as state and local programs. Financial assistance is also available for those patients that qualify to help reduce any out-of-pocket expenses. All patients will be automatically added to our refill reminder program. Each month you will receive a text message or phone call to remind you about refilling and picking up your maintenance medications. We will work to synchronize your medication schedule so that all your medications can be filled around the same time to reduce the number of trips to the pharmacy or deliveries to your home. Pharmacists are available to provide education on your medication or do reviews of your medication regimen.

Services not Provided:

We do not carry any over-the-counter medications available without a prescription. Everything filled through Damien Pharmacy must be prescribed by a provider. We are not an authorized provider of Medicare Part B Medical Supplies and are unable to bill for these services. We can assist in finding other resources for assistance in billing these services.

Damien Cares and Damien Pharmacy Patient Bill of Rights and Responsibilities

Your rights as a client of Damien Cares and/or Damien Pharmacy are:

- Be informed of all services provided by Damien Cares and Damien Pharmacy
- Be informed of your financial responsibilities prior to services being provided by Damien Cares or Damien Pharmacy
- Receive treatment and services within the scope of your treatment plan while being informed of any limitations, charges, or fees you may owe
- Be included in decisions about your care
- Refuse any and all services without penalty
- Be spoken to with dignity and respect
- Be called by your correct name and gender pronouns
- Have your cultural, spiritual, and personal values honored when receiving services
- Be able to identify all healthcare staff by proper identification
- Receive care in a safe place, free from abuse, neglect, or mistreatment
- Voice complaints without fear of retaliation or negative consequences for future services. All complaints will be properly investigated and responded to
- Expect that your health information is kept private
- Expect that your health information is only shared with your written consent unless required by law or your health plan(s)
- Be made aware of your responsibilities as a patient of Damien Cares and/or Damien Pharmacy

Your responsibilities as a client of Damien Care and/or Damien Pharmacy are:

- Complete all necessary forms needed to receive services from Damien Cares and/or Damien Pharmacy
- Provide accurate information including past and present medical history to the healthcare team and provide updates when necessary
- Ask questions when there is something you don't understand about your care
- Follow your care and treatment plan
- Accept responsibility for potential outcomes that may happen if you do not follow your care and treatment plan or if you refuse treatment
- Notify your healthcare provider or Damien Pharmacy of any problems ("adverse events") or side effects caused by your treatment
- Show respect and courtesy at all times to all healthcare and/or pharmacy staff: see [Disruptive Behavior Policy](#) for additional information

NOTICE OF PRIVACY PRACTICES AND ACKNOWLEDGEMENT

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

This Notice of Privacy Practices (the "Notice") describes the legal obligation of Damien Cares (the "Cares") and your legal rights regarding your protected health information held by the Cares under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. More information can be found on our website [here](#).

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to:

- (1) your past, present or future physical or mental health or condition
- (2) the provision of health care to you
- (3) the past, present or future payment for the provision of health care to you

If you have any questions about this Notice or about our privacy practices, please contact the Privacy Official at (317) 632-0123.

This Notice does not cover health information generated and maintained by a hospital for hospital services provided to you. Please refer the hospital notice of privacy practices for how the hospital uses or discloses your protected health information.

The Effective Date of this policy is July 2015.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information
- provide you with certain rights with respect to your protected health information
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information
- follow the terms of the Notice that is currently in effect

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices in accordance with methods permissible under law, which may include providing the Notice upon request and in our office.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription. We may use your health information to remind you about an appointment for treatment or services.

For Payment: We may use or disclose your protected health information to facilitate payment for the treatment and services you receive from the Cares. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether your health insurance plan will cover the treatment.

For Health Care Operations: We may use and disclose your protected health information for Cares business operations. These uses and disclosures are necessary to run the Cares. For example, we may use medical information in connection with conducting quality assessment and improvement activities. We may use medical information in connection with other activities relating to Cares operations; conducting or arranging for medical review, legal services, audit services, and business planning and development.

To Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

As Required by Law: We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation: If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability
- to report births and deaths
- to report child abuse or neglect
- to report reactions to medications or problems with products
- to notify people of recalls of products they may be using
- 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 a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may disclose your protected health information if asked to do so by a law enforcement official in certain situations, such as:

- in response to a court order, subpoena, warrant, summons or similar process
- to identify or locate a suspect, fugitive, material witness, or missing person
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement
- about a death that we believe may be the result of criminal conduct
- about criminal conduct

Coroners, Medical Examiners and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities: We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with 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.

Research: We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research

Fundraising: We may contact you to raise funds for the Cares, but you have the right to opt out of receiving such communications and may tell us not to contact you again.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Close Friends and Personal Representatives: We will disclose your protected health information to individuals authorized by you who are involved in your care, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person
- (2) treating such person as your personal representative could endanger you
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative

Spouses and Other Family Members: We may disclose your protected health information to a spouse or other family member that is directly relevant to such person's involvement with your care or payment related to your health care.

Authorizations: Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy: You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Privacy Official. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Official.

Right to Amend: If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Cares.

To request an amendment, your request must be made in writing and submitted to the Privacy Official. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Cares
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the information that you would be permitted to inspect and copy
- is already accurate and complete

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period of not longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Cares for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Privacy Official. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To obtain a paper copy of this Notice, please contact the Privacy Official:

Privacy Official
Damien Cares
26 N. Arsenal Avenue
Indianapolis, IN 46201

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Damien Cares or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Cares, contact the Privacy Official:

Privacy Official
Damien Cares
26 N. Arsenal Avenue
Indianapolis, IN 46201

All complaints must be submitted in writing or via [secure online submission](#) found on our website, or submitted through a staff member.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

Other bodies you may contact are:

Centers for Medicare and Medicaid Services at 1-800-MEDICARE
Indiana Board of Pharmacy at <https://www.in.gov/pla/file-a-complaint/>

EMERGENCY PLANNING

If there is a natural emergency or disaster that requires Damien pharmacy to be unavailable, we may use another location to fill your medications and ship to the address of your choice. The pharmacy will work to ensure you have access to your medication as soon as possible. We work with insurance companies to provide replacements for medication that may have been lost or damaged if you are in an area that has been affected by an emergency/disaster.

If you have a missed dose or missed delivery, please contact your local pharmacist to determine the best plan of action.

If you have a pharmacy emergency after business hours, please call 317-981-1989 and follow the prompts to speak to the pharmacy answering service. The service will forward communication to a pharmacist as necessary.

Emergency 24/7 Access

If you have a pharmacy emergency after business hours, please call 317-981-1989 and follow the prompts to leave a message for the pharmacist on call. The pharmacist will respond to all calls as necessary.

Adverse Effects or Side Effects

If you are having symptoms of severe allergic reaction to a medication, symptoms such as: shortness of breath, difficulty breathing, or swelling in the face: Call 911 and get immediate emergency help.

An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medications.

Below is a list of the some of the possible adverse reactions that are possible to experience when starting a new medication:

- Headache, tremors, dizziness; muscle spasms, confusion.
- Nausea, vomiting, diarrhea.
- Skin rash or flushing.
- Hypotension (low blood pressure), Hypertension (high blood pressure), arrhythmia (irregular heartbeat), tachycardia (high heart rate), or bradycardia (low heart rate).
- Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing).

Contact our pharmacists or your prescriber if you experience any side effects or adverse events related to your medication. Some side effects or adverse events can be life-threatening. It is important to notify the pharmacy or your prescriber as soon as any side effects are noticed.

You can also report side effects to the FDA at 1-800-FDA-1088.

Natural Disasters or other Emergencies

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 prevalent
- Find out when you should evacuate, and when you should not
- Your local law enforcement agencies, local news and radio stations usually provide 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 shelters, which are open to the public during voluntary and mandatory evacuation times

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 adequate storage facilities for medications that need refrigeration.
- We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet
- Bring all your medications and supplies to the shelter.

Reaching Us if There Are No Phones

- How do you reach us during a natural emergency if the phone lines do not work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not)
- If you have no way to call our phone line, you can try to reach us by having someone you know call us from their cellular phone. (Many times, cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us)

An Ounce of 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 occurs. Will you go to a shelter, or a relative's home? If your doctor 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
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information form FEMA: http://www.fema.gov/areyouready/emergency_planning.shtm.

An Important Reminder:

*During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, **you must go to the nearest emergency room.***

Home Safety

At Damien Pharmacy, we want to make sure that your home medical treatment is done conveniently and safely. These next pages are written to give our patients some easy and helpful tips on how to make the home safe. Please work with your case manager if you have additional questions regarding the following:

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure to check the batteries at least annually
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order
- Have a plan for escape in the event of a fire. Discuss this plan with others in your home

Bathroom Safety

- Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for people who are unsteady.
- Use non-slip rugs on the floor to prevent slipping
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower
- If you have problems sensing hot and cold, please consider lowering the temperature setting of your water heater, so you do not accidentally burn yourself

Kitchen Safety

- Have a friend or case manager remove common small appliances and utensils from cabinets and place them on your counters where you can easily use them
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about modified utensils, including:
 - Basic electric can openers or other bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or other walking assistance devices
- If you use a walker, make sure that furniture and walkways are arranged to give you enough room
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Please discuss a ramp with your medical provider

Prescription Procedures

How to Place a Prescription Order

We will contact you when we have received a new prescription by your provider. Your provider may submit a prescription through electronic prescribing or contact us at (317) 981-1989 to submit a verbal order.

How to Obtain a Refill

It is our policy at Damien Pharmacy to help you remember when it is time to refill your medication. We will text or call you to set up delivery when you have about 6 days of medication left. We will send a reminder text if your scripts have not been picked up after 5 days and 7 days. If your scripts have not been picked up after 10 days then we will call you prior to returning your scripts to stock. If you have not heard from us when you have 5 days of medication remaining, please contact us at (317) 981-1989 to ensure that we have correct contact information on file. In addition, we will gladly assist you with any coordination issues with your medication such as vacation supplies, early refill due to change in therapy, or manufacturer recalls, etc.

How to Check on a Prescription Order

You may contact us at (317) 981-1989 to check on a prescription order or use the app linked to Damien Pharmacy here: <https://www.rxlocal.com/>. Links to download Rx Local from the Google Play Store and Apple App Store are readily available on the Damien Pharmacy webpage.

How to Access Medications in case of an Emergency or Disaster

If there is a natural emergency or disaster that requires Damien pharmacy to be unavailable, we may use another location to fill your medications and ship to the address of your choice. The pharmacy will work to ensure you have access to your medication as soon as possible. We work with insurance companies to provide replacements for medication that may have been lost or damaged if you are in an area that has been affected by an emergency/disaster.

If you have a missed dose or missed delivery, please contact your local pharmacist to determine the best plan of action.

Damien Pharmacy follows local public school districts to close the pharmacy due to unsafe weather conditions. You can be alerted to these closings by checking our website, Facebook page or calling the pharmacy.

Information on Prescription Drug Substitutions

Damien Pharmacy will always use the most cost-efficient option for you to reduce your out-of-pocket expense. Generic medications are often preferred or required by insurance companies. When available, the pharmacy will default to using a generic. The pharmacy will use the brand name medication at you or your prescriber's request. All generic substitutions are approved by the U.S. Food and Drug Administration (FDA). If you would prefer a brand name medication, please let the pharmacy team know before filling your prescription. Requesting a brand name medication when a generic is available may result in additional charges from your insurance.

How to Transfer a Prescription to Another Pharmacy

Damien Pharmacy can transfer most prescriptions **FROM** other pharmacies. The pharmacy team can contact another pharmacy to transfer and fill your medication with Damien Pharmacy. The pharmacy will need the following information:

- Pharmacy Name
- Pharmacy Phone Number
- Names or description of medications to be transferred.

The pharmacy can also transfer **TO** other retail, mail-order or specialty pharmacies. Ask the new pharmacy to call us and request a transfer. Give them our pharmacy name, pharmacy phone number, and names or descriptions of medications to be transferred.

How to Obtain Medications not Available at the Pharmacy

Damien Pharmacy will assist the patient to obtain medications that are not available at our pharmacy. We may transfer your prescription to another pharmacy that has the medication prescribed and provide the information needed to fill your prescription.

How to Handle Medication Recalls

The FDA or a drug manufacturer may issue a recall on a drug. Damien Pharmacy will contact you if a recall has been issued for a medication you have received from the pharmacy. The pharmacy will provide you with directions on what to do with the medication. For information on current FDA medication recalls visit: www.fda.gov/safety/recalls-market-withdrawals-safety-alerts

How to Dispose of Medications

Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information tells you to do so.

The preferred method is to take the medication to a drug take-back box or community take-back event. Drug take-back boxes and events are often available at local police and fire stations. Some pharmacy locations may also have these take-back boxes. Please contact your local police or fire station for availability.

If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag

Additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist
- The same disposal methods for prescription drugs could apply to over-the-counter drugs as well
- More information can be found on the FDA's website:
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

Billing and Payment

The pharmacy will bill your insurance and let you know your out-of-pocket cost before dispensing medication. You are responsible for any final out-of-pocket expenses, deductibles, or copayment/coinsurance charges and these charges are due at the time of dispensing. Damien Pharmacy will work with you if additional financial assistance is needed. If a medication is not covered by insurance, the pharmacy will let you know the price before filling. If the pharmacy is not in-network for your insurance and unable to bill, we will work with you to transfer your prescription to another in-network pharmacy.

Grievance/Complaint Reporting

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please visit this link to our official grievance and complaint page: <https://damien.jotform.com/211874770664060> or call (317) 981-1989 and speak to the Pharmacy manager. The Director of Pharmacy is available to address concerns, if needed.

Preventing the Spread of Illness(es)

Damien Pharmacy and Damien Cares use universal precautions to prevent transmitting infection. We request that clients assist us in keeping the facility safe for others by engaging in hand washing and other hygiene activities.

Hand Hygiene is performed at a sink with soap and water:

- ❑ Remove jewelry (optional) and push watch above wrist
- ❑ Wet hands with warm water and apply soap
- ❑ Rub hands together vigorously for at least 15 seconds covering all surfaces of hands and fingers thoroughly
- ❑ Rinse with water
- ❑ Dry thoroughly with single-use towel
- ❑ Turn off faucets with towel and throw the towel away
- ❑ Using another towel or other clean item to open handles or doors, being careful not to touch the surface with a freshly clean hand

Tips to prevent spreading germs or illnesses in public or at home:

- ❑ Clean and disinfect frequently touched surfaces on a regular basis. Establish a schedule for daily and weekly cleaning and disinfection activities based on the location and level of contamination. Clean more often when there are sick family members.
- ❑ Avoid clutter to limit areas where dust and dirt can collect
- ❑ Don't share combs, brushes, towels, toothbrushes, razors, or other personal items
- ❑ Many illnesses can be prevented with regular hand hygiene using soap and water or alcohol-based hand sanitizer
- ❑ Clean your hands often, and request that others do the same
- ❑ Intact skin is a major barrier to germs. Cover any cuts or abrasions with a waterproof dressing to protect them from germs in the environment.
- ❑ Cover coughs and sneezes with the inside of your arm, not your hands. Always dispose of used tissues in waste containers and wash your hands after coughing and sneezing.

If you are not feeling well, have a fever, cough, or other symptoms, please wear a mask in the building and use hand sanitizer when coming to the pharmacy. You may also reach out to your medical provider to complete testing.

Damien Pharmacy sometimes administers vaccines or other injections. So we can better protect you from any accidental needlesticks or injuries, please do not touch any sharps, sterile materials, or other medical devices.

If you are exposed to any infection while in the building, we will contact you to complete the Infection Control Protocol, which includes a call from a medical provider and if needed, scheduling any necessary follow-up appointments or treatments.

Client Satisfaction Survey

Please let us know how we are doing. After visiting Damien Cares, you may receive a satisfaction survey from us.

Thank you for choosing Damien Center/Damien Cares for your care! Please take a moment to help us improve our services by completing this survey. We value your input and appreciate your assistance. Thank you!

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. Overall, I am satisfied with my care at The Damien Center.					
2. I feel safe at The Damien Center.					
3. I am satisfied with my service provider.					
4. My service provider listens to me.					
5. I have enough time to cover everything I want to talk about in my appointment.					
6. I feel like I am involved in my care and treatment.					
7. I can contact my service provider with questions about my care outside of appointments.					

8. Which services do you access at The Damien Center? (Please check all boxes that apply)

- Care Coordination
 Mental Health
 HIV Medical Services
 PrEP
 Prefer not to answer

9. Comments:

Pharmacy Questions for Damien Pharmacy Clients

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am satisfied with the service I receive at Damien Pharmacy.					
2. I receive notifications when my prescriptions are ready for pick-up or delivery.					
3. I receive my prescriptions on time so I do not run out of medications.					