



Your Courage. Our Expertise.

Welcome to your Rocky Mountain Cancer Centers' (RMCC) Medically Integrated Dispensing Pharmacy. We are here for you. Thank you for trusting us to serve you and your pharmacy needs.

The RMCC Pharmacy Team is here to provide you with oral chemotherapy, supportive care medications, and other specialty prescription needs. Our goal is to provide you with continued care and to serve as an information resource. We want you to achieve the best possible outcome and we pride ourselves on providing timely care. We truly care about you and are committed to partnering in your care plan.

By entrusting your care to our pharmacy team, you can expect:

- A pharmacy team specializing in oncology/hematology related medications
- Assistance with insurance approval and obtaining financial assistance through nationally recognized programs
- A team approach between board-certified oncology physicians, knowledgeable and experienced pharmacists, and oncology-trained nurses to educate, to monitor, to manage potential side effects, and to obtain optimal medication benefits
- Quick turnaround time to ensure you can start your treatment promptly
- Timely and thorough communication
- Free and convenient delivery of your medications

Thank you for choosing RMCC for your healthcare needs. Let us provide you with the highest level of care and answer any of your questions along the way. **We are here for you.**

Sincerely,

Your RMCC Pharmacy Team

Contents

Welcome Letter	1
RMCC Hours of Operation	3
Mission, Vision, and Values	4
Prescription Process	5, 6
Medicare Part D Overview	6
Copay Assistance Overview	7
Handling Adverse Reactions	8
Complaint/Grievance Procedure	8
Patient Bill of Rights and Responsibilities	9
Privacy Practices Information	10, 11
Online Refill Requests	12, 13
Medication Sheet	14



RMCC Pharmacy Hours of Operation

RMCC Pharmacy is open Monday to Friday from 8:30 am to 4:30 pm.
The pharmacy is closed Saturday and Sunday.

RMCC Pharmacy will also be closed for the following holidays:

- New Year's Day
- Memorial Day
- The Fourth of July
- Labor Day
- Thanksgiving, Nov 27th and Nov 28th
- Christmas Eve
- Christmas Day

Should you have questions outside of normal business hours, please feel free to leave a message on our secure and confidential voicemail. Urgent after-hours needs should be directed to your clinic.

It is the policy of the practice that patients will have access to medical (inclusive of pharmacy) support 24 hours a day, 365 days a year, from a knowledgeable member of the medical care team. That care will be accessible via the normal practice phone number which seamlessly rolls to an after-hours call management group for proper handling after normal business hours.

Please utilize the last page of this packet for reference when calling the pharmacy and also as a medication list that can be taken to other medical facilities and providers for your convenience.

Your RMCC Pharmacy Phone Number is **303-285-5085**.

To schedule a refill: **Option 1**

To reach a pharmacy technician: **Option 2** (April, Laura, Kate, Alberto, Val, Paige)

To reach a Pharmacist: **Option 3** (Donna, Melissa, Marisa, Rebecca)

Patient Financial Counselor: **Option 4** (Maricar)

Insurance Prior Authorizations: **Option 5** (Jessica)

Pharmacy Nurse: **Option 6** (Karen)

Pharmacy Mission

“To provide comprehensive, safe, high-quality, evidence- and value-based, patient-focused pharmacy services to all of Rocky Mountain Cancer Centers, utilizing collaboration, professionalism, respect, and effective communication.”

Pharmacy Vision

“To become the leading pharmacy team within the US Oncology Network of practices based on overall performance, advancement, and growth, while continuing to advance cancer care and patient-provided value within the state of Colorado.”

Pharmacy Values

Service, Compassion, Determination, Influence, Leadership

“I am motivated by our patients. Hearing their success stories gives me a sense of validation in what I do and getting to know them on a personal level has been extremely rewarding. I enjoy coming to work each day because I work with a fun group of individuals, each with the common goal of enhancing our patients’ lives.”

Marisa Dziallo, Pharmacist

“I am passionate about taking the time to help our patients navigate through the hoops of gaining access to their medications so that our patients have more time to focus on feeling better.”

Maricar Ocampo, Patient Financial Counselor

Prescription Process

RMCC Pharmacy takes pride in providing a higher level of service than other specialty and mail-order pharmacies. Below are a few details of the prescription process that we would like you to be familiar with.

Prescription Processing

We will work closely with your physician and clinic to ensure that all necessary information is gathered before the process is started.

In the event that our pharmacy cannot fill your medication for you, we will assist in transferring the prescription to another trusted pharmacy to ensure continuity of your care.

Insurance Coverage

As a courtesy, our dedicated and experienced financial counselor will review your insurance coverage and help determine possible eligibility for copay cards, grants, and/or free medication(s). While we will make every effort to identify and secure resources, there is no guarantee that we will be able to obtain enough financial assistance to cover all of the potential charges related to your care.

You are responsible for remaining co-payments. For your convenience, we accept cash, checks, and most major credit/debit cards. Payment is expected at the time of service.

Medication Counseling

Once the medication is approved and payment has been received, a clinical pharmacist will contact you regarding medication counseling and help coordinate shipping to either your clinic or directly to your home.

Personalized medication counseling will include the benefits of taking the medication prescribed by your RMCC clinic, proper instruction for medication(s) administration, side effect management, and instructions regarding how to report adverse drug reactions to our clinical pharmacists, if needed.

To check the status of your prescription, obtain a refill, or report adverse drug reactions, please call the pharmacy at (303)-285-5085 and select the appropriate option.

For refills, we will make every effort to call you to set up delivery when you have about seven (7) days of medication left. If we are not able to contact you after three (3) attempts, we will notify your RMCC clinic. To prevent unnecessary delays in your treatment, please contact us at least five (5) days before your medication supply runs out.

Refills and Status Updates

To check the status of your prescription, obtain a refill, or report adverse drug reactions, please call the pharmacy at (303)-285-5085 and select the appropriate option.

For refills, we will make every effort to call you to set up delivery when you have about seven (7) days of medication left. If we are not able to contact you after three (3) attempts, we will notify your RMCC clinic. To prevent unnecessary delays in your treatment, please contact us at least five (5) days before your medication supply runs out.

Disposal of Medications

If you have medication that is no longer needed, please 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 specifically instructs you to do so. When in doubt about proper disposal, please reach out to us. Please take advantage of community drug take-back programs by contacting your city or county government to inquire about availability of these services. More information can be found here: <https://www.colorado.gov/pacific/cdphe/colorado-medicationtake-back-program>

Medicare Part D Overview

The following figure describes the Medicare Part D benefit structure. If you are currently eligible for Medicare Part D coverage benefits, this overview may be useful to you. RMCC always recommends patients speak directly to a Customer Care Representative with their insurance plan for details regarding coverage; this is usually the number found on the back of your insurance card.

What are my out-of-pocket (OOP) drug costs in 2026?

\$2,100 OOP Maximum

You will **not pay more than \$2,100** in 2026 for all of your Part D-covered drugs (**branded and generic**)

\$0 OOP Costs

\$0 costs for all covered drugs **after** you reach the yearly OOP maximum of \$2,100

Payment Plan Option

You may be able to **spread your OOP costs** across the calendar year (Jan-Dec) in **monthly installments**

Consider managing drug costs with the Medicare Prescription Payment Plan

When participating in the Medicare Prescription Payment Plan, you may:

- ❖ **Opt in** during Medicare open enrollment or any time during the year
- ❖ **Pay as little as \$0 at the** pharmacy (including mail order or specialty pharmacies)
- ❖ **Receive a bill from your health plan** or Part D drug plan each month (instead of paying the pharmacy)

Need more information?



Contact your health plan or Part D plan. Call using the phone number on the back of your member ID card or visit the plan website.

OR

Visit these websites to learn more:



Medicare.gov



Myhealthcare
Finances.com

Copay Assistance Overview

Depending on the type of insurance coverage you have (*Commercial/Private or Government/Public*) you may be eligible for different types of copay assistance when prescribed a high-priced oral medication. Below is a summary of those assistance programs and their eligibility requirements. Our Pharmacy Financial Counselor will investigate if these options are available for your medication(s).

Copay Cards

Patients who have commercial/private insurance, regardless of whether it was purchased individually or by an employer, may be eligible to receive a co-pay card for certain medications. These are discount cards offered by the drug manufacturer that may cover your deductible amounts up to a maximum limit designated by the manufacturer. Copay cards are normally only for brand name drugs and may not be available for many medications.

Private Foundations (Copay Grants)

Patients who have government/public insurance and are within a certain income/household size threshold may qualify for a grant that would cover their Part D coinsurance. These foundations are donation-based and designate funding by disease/diagnosis for each of their personalized programs. Income limits are decided based on the Federal Poverty Level percentage of 400-500%; for a household of one, this equates to around \$60 to \$78 per year, or, for a household of two, around \$80 to \$105k per year. Patients under this threshold and have Medicare Part D should always inquire about applying for these types of assistance. These grants will usually cover patients' doughnut hole/coverage gap and catastrophic coinsurance amounts for 6-12 months. If there is no funding available, the next step is to investigate assistance with the drug manufacturer, since some offer free drug programs for eligible patients.

Non-Active Prescription Insurance (Uninsured)

Patients who have no, or limited, insurance coverage, may qualify to receive medication from the drug manufacturer's pharmacy for free. Each manufacturer has their own income limit, guidelines, and individual applications for these programs. These applications usually require signatures from both the patient and the physician, as well as a proof of income document, such as a recent tax return, social security letter, or bank statement.

Handling Adverse Reactions

An adverse reaction is defined as any unpredictable, unintended, undesirable, or unexpected biological response that a patient may have to medications. Below is a list of the some of the possible adverse reactions that could be experienced 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)

If an adverse drug reaction is reported to our clinical staff, the pharmacist will do a complete clinical assessment with the patient. Based on his/her clinical judgment, a plan of action will be formulated. This plan of action could include counseling on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions which may involve modifying the dosage or discontinuing the medication completely.

Complaint/Grievance Procedure

You have the right and responsibility to express concerns and dissatisfaction or make complaints about services you do or do not receive, without fear of reprisal, discrimination or unreasonable interruption of services. The telephone number to RMCC Pharmacy is (303)-285-5085. Please ask to speak with the pharmacist in charge or the staff pharmacist on duty.

RMCC Pharmacy has a formal grievance procedure that ensures that your concerns/complaints will be reviewed and that an investigation will be started when a concern/complaint is received. You may initiate a formal grievance in writing and forward it to RMCC Pharmacy. You can expect to receive a timely response from one of our pharmacists.

As a provider accredited by the Accreditation Commission for Health Care (ACHC), complaints may also be communicated directly to ACHC's complaint department: 855-937-2242.

Be Prepared for Emergencies!

1. How to Prepare for an Emergency

- Keep at least a **7–10 day supply** of your critical medications on hand whenever possible.
- Store medications in a cool, dry place, protected from temperature extremes that may occur during an emergency.
- Maintain an updated list of your medications, doses, and prescribing providers.
- Ensure the pharmacy has your current **phone number, email, and address** so we can contact you if there is a service interruption.

How to Access Medications in an Emergency or Disaster

If an emergency affects your ability to receive your medication shipment or reach our pharmacy, the following options are available:

1. Contact the Pharmacy

If phone or internet services are operational, contact us as soon as possible:

Pharmacy Phone: (303) 285-5085

After-Hours Line: Please contact the clinic at which you receive care and speak to the on-call provider. He/she will notify the team of the need to discuss your medication.

Email: RMCCOralPharmacy@usoncology.com

Our staff will:

- Provide guidance on refill timing
- Coordinate alternate delivery methods
- Arrange early shipment when appropriate
- Help locate an alternate dispensing pharmacy if needed

2. If Our Pharmacy Is Unable to Operate

If an emergency temporarily prevents us from filling your prescription:

- We will **redirect your prescription** to a partnering pharmacy or another facility that remains operational.
 - Primary pharmacies utilized by RMCC in emergencies: Biologics Specialty Pharmacy (800) 850-4306 or Walgreens (303) 656-4656
- You may also request to transfer your prescription to a pharmacy that is open in your area. Please call the RMCC pharmacy at (303) 285-5085 and provide the information for your desired pharmacy
- If displacement occurs, locate the nearest open pharmacy by:
 - Calling your insurance provider
 - Using your health plan's mobile app or website
 - Contacting local emergency services or shelters for assistance

3. Shipment Interruptions or Delays

If a shipment is delayed due to weather, carrier disruption, or local emergency conditions:

- Our team will notify you as soon as possible.
- We will coordinate accelerated shipment, alternate carriers, or local pick-up options when available.
- If medication is temperature-sensitive, we will provide guidance on safe storage and next steps if delivery was compromised.

4. If You Evacuate or Are Displaced

If you must leave your home due to an emergency:

- Take your medication and supply list with you.
- Keep medications in your possession; do not pack them in checked luggage or inaccessible bags.
- Contact us as soon as conditions allow to update your location for alternate delivery.

How to Report an Emergency, Concern, or Need for Assistance

If at any time during an emergency you believe your access to medication is at risk, or you experience any issue related to your medication, please contact our pharmacy immediately:

- **Phone:** (303) 285-5085
- **Email:** RMCCOralPharmacy@usoncology.com
- **24/7 Support (if available):** Please contact the clinic at which you receive care and speak to the on-call provider. He/she will notify the team of the need to discuss your medication.

You may also contact:

- **Local emergency management services** for shelter and medical assistance
- **Your prescribing provider** for urgent medication support
- **Insurance provider** for alternate pharmacy options

Keep This Information Available

We recommend storing this document in your emergency preparedness kit, medication drawer, or another easily accessible place.

Patient Rights and Responsibilities

RMCC Pharmacy is dedicated to providing you and your designated advocate with high quality services that exceed your expectations. We encourage you to review this information. By understanding your rights and responsibilities as a patient, you are better equipped to benefit from your “partnership” with RMCC Pharmacy.

We also encourage you to let us know how we are doing and how we can improve the patient experience for you. You can call us at (303)-285-5085. We would love to hear from you!

You Have the Right to:

- 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 service
- Be treated with dignity, courtesy, and respect, recognizing that each person is a unique individual
- Be informed, both orally and/or in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
- Receive appropriate patient-centered care in accordance with physician orders, as well as information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of service
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Know the identity and job title of the pharmacy team member that you are working with and, if requested, speak with their supervisor
- Be free from mistreatment and neglect, as well as verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care, and to have grievances/complaints investigated according to Rocky Mountain Cancer Centers’ policies
- Recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Expect confidentiality and privacy of all your protected health information (PHI) and information contained in your pharmacy record as described in the RMCC Pharmacy Notice of Privacy Practices, which is consistent with state and federal laws, and to be advised on Rocky Mountain Cancer Centers’ policies and procedures pertaining to the disclosure of clinical records
- Be informed in advance of the charges for services, including payment expected from third parties and any charges for which you are responsible
- Be fully informed of your responsibilities

You Have the Responsibility to:

- Participate in your care plan by asking questions about your medications and/or pharmacy services
- Follow the instructions for taking your medication
- Care for and safely use medications for the purpose for which they were prescribed and only for the individual for whom they were prescribed
- Provide, to the best of your knowledge, a complete and accurate medication and health history and notify the pharmacy of changes in this information, and submit all necessary forms to receive services
- Notify RMCC Pharmacy via telephone when your medication supply is running low so coordination of a refill can be made promptly
- Notify RMCC of any concerns about the care or services provided
- Immediately notify the pharmacy of any change in insurance coverage, address, or telephone changes, whether temporary or permanent.
- Co-payments for medications must be paid at time of service/shipping
- Notify the pharmacy if you are going to be unavailable for the scheduled delivery times
- Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT TO YOUR MEDICAL INFORMATION FOR AS LONG AS IT IS MAINTAINED BY OR FOR US. PLEASE REVIEW IT CAREFULLY.

About Us

In this Notice, we use terms like “we,” “us,” “our” or “Practice” to refer to **Rocky Mountain Cancer Centers (RMCC)**, its physicians, employees, staff, and other personnel. All of the sites and locations of **RMCC** follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes and for other purposes as described in this Notice.

Purpose of this Notice

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. We are also required to notify you of a breach of your unsecured health information. We will abide by the terms of this Notice.

How We May Use or Disclose Your Health Information

The following categories describe examples of the way we use and disclose health information without your written authorization:

For Treatment: We may use and disclose your health information to provide you with medical treatment or services. For example, your health information will be shared with your oncology doctor and other health care providers who participate in your care.

For Payment: We may use and disclose your health information as needed to bill or obtain payment for the treatment and services provided. For example, a bill may be sent to you, your insurance company, or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. These uses and disclosures are necessary to run the Practice and make sure our patients receive quality care. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities. We may also disclose your health information to third party “business associates” that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your health information.

Individuals Involved in Your Care or Payment for Your Care and Notification: We will make the following uses and disclosures of your health information but will generally give you an opportunity to object before making these disclosures. We may disclose to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care, health information relevant to that person’s involvement in your care, or paying for your care. We may also make these disclosures after your death.

We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your physical location within the Practice, general condition, or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

We are also allowed to the extent permitted by applicable law to use and disclose your health information without your authorization for the following purposes:

As Required by Law: We may use and disclose your health information when required to do so by federal, state, or local law. Under Colorado law, we are restricted from disclosing certain health information about individuals engaging in any “legally protected health-care activity,” such as seeking or receiving reproductive health care or gender-affirming care that is lawful in Colorado. When we receive requests for such information, we will review them in accordance with Colorado law. This may result in us declining or limiting disclosures that would assist federal and state investigations or proceedings outside of Colorado seeking to impose liability or professional sanction for engaging in such legally protected health-care activity. However, we will provide such health information in response to a written request from the individual who is the subject of the investigation or proceeding (e.g., the patient).

Judicial and Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your 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.

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials in limited circumstances such as: to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

To prevent or control disease, injury, or disability;

To report births or deaths;

To report child abuse or neglect;

Activities related to the quality, safety or effectiveness of FDA-regulated products;

To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and

To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

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

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the appropriate government authority if we believe 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.

Military, Veterans, National Security, and Other Government Purposes: If you are a member of the Armed Forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: We may use and disclose your health information for certain research activities without your written authorization. For example, we might use some of your health information to decide if we have enough patients to conduct a cancer research study. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

Other Uses and Disclosures of Your Health Information that Require Written Authorization:

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. Some examples include:

Psychotherapy Notes: We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations.

Marketing: We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.

Sale of Your Health Information: We may sell your health information only with your written authorization.

If you authorize us to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by your revocation, except to the extent that we have taken action in reliance on your authorization. Note that there is a potential that information disclosed to third parties under an authorization may no longer be protected by HIPAA, and those third parties could re-disclose your information.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or health care operations. In most circumstances, we are not required to agree to your request. If we agree to a restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to the clinic where you receive care. We are required to agree to a request that we restrict a disclosure made to a health plan for payment or health care operations purposes if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full and such disclosure is not otherwise required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to **the clinic where you receive your care**. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your health information maintained in a designated record set. If we maintain your health information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify with. To request to inspect and/or obtain a copy of your health information, you must submit a written request to **the clinic where you receive your care**. A form can be found on our website (www.rockymountaincancercenters.com). If you request a copy (paper or electronic) of your health information, we may charge you a reasonable, cost-based fee.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. To request an amendment, you must make your request in writing by filling out the appropriate form provided by the clinic where you receive your care.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures we have made of your health information in the past six (6) years. Please note that certain disclosures need not be included in the accounting we provide to you.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided **by the clinic where you receive your care** and submitting it to **the Director of Compliance, 7951 E. Maplewood Ave., Ste 350, Greenwood Village, CO 80111**. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact **the RMCC clinic where you receive your care**. You may also obtain a paper copy of this Notice at our website, www.rockymountaincancercenters.com.

Communications

We may reach out to you regarding your healthcare via the phone numbers and email addresses you've provided. This could include calls, texts, or emails, possibly through automated systems or pre-recorded messages. Some communications sent via text message may request an additional confirmation from you that you would like to receive the message. You'll always have the option to opt out of future communications like these.

Our messages might cover topics such as appointment reminders, your experience as a patient, discharge planning, billing, prescription updates, research opportunities, our products and services, treatment options, general health information, and regulatory notices. Please be aware that texts and emails are not encrypted, so there's a risk they could be accessed by others. To protect your privacy, we limit the sensitive health information in these messages. If you prefer not to receive texts or emails, please contact us, and we will remove you from such lists.

Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in the lobby/reception area of each clinic. Each version of the Notice will have an effective date listed on the first page. Updates to this Notice are also available on our website, www.rockymountaincancercenters.com.

Complaints

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to:

Director of Compliance
7951 E. Maplewood Avenue Ave., Ste 350,
Greenwood Village, CO 80111
Email: RMCCCompliance@usoncology.com
(Office) 303-930-7809
(Fax) 303 930-8065

You may also file a complaint with:

The Secretary of the U.S. Department of Health and Human Services
200 Independence Ave., S.W., Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov

You will not be retaliated against or penalized for filing a complaint.

Questions

If you have questions about this Notice, please contact the Director of Compliance and Privacy, 303-930-7809.

Frequently Asked Questions

This page provides information that may answer some of our most-commonly asked questions

Q: How do I request a cost-saving generic drug?

A: RMCC will automatically substitute an equivalent generic product when available, unless the generic product is not covered by patient insurance or the generic product results in a higher copay for the patient

Q: What should I do if my medication is subject to a recall?

A: RMCC is alerted to product recalls and monitors them closely. If we are alerted to a recall that impacts our patients, we will notify the patient via telephone and provide instructions on next steps. If you, as a patient, received notice that you may have received recalled medication and you have not heard from us, please call the pharmacy directly at (303) 285-5085

Q: How can I report concerns or errors?

A: You may report any concerns, errors, or complaints directly to the Pharmacy Manager by calling (303) 285-5085. If necessary, the manager will notify the Pharmacy Director or provide contact information for the Pharmacy Director to escalate complaints

Q: How can I have my prescription transferred to another pharmacy?

A: Please call the pharmacy directly at (303) 285-5085 and provide information for your pharmacy of choice, and our team will provide a prescription to that pharmacy if appropriate. Please note many specialty medications are not available at all pharmacies, and RMCC will provide suitable alternative pharmacy options when requested.

AVAILABLE ONLINE



Oral Prescription Refill Requests



Scan the QR code or visit rockymountcancercenters.com

On the RMCC website, navigate to the prescription refill request under the Current Patients tab. This will take you to a form to fill out and submit it to us.

After submitting the form, a display message will appear that says: "Thank you for requesting a prescription refill. If we have any questions, we will contact you at the phone number you provided."

If you elected to decline a call back, we will not contact you unless there are any issues on our end. If any issues arise, we will contact you to inform you.

If we have not heard from you otherwise, we will attempt to reach out for a refill reminder call about five days prior to when you should need a refill supply of medication. No prescription will be refilled without obtaining the patient's or patient representative's authorization, desired delivery address, and reviewing the provider's care plan.

Thank you for your understanding.



If you are looking for an RMCC-dispensed medication refill, you can fill out the form on our refill request portal. You will need to have your RX Number to initiate.

Patient's Date of Birth

RX Number(s)

Numbers only (example: 1000716)

Patient's First Name

Patient's Last Name

Would you like to receive a confirmation call back from our Pharmacy team?

- Yes
 No

Patient's Phone Number

Patient's Email Address (Optional)

Please provide your email address if you would like to be sent the FedEx tracking number.

Days Remaining or Next Cycle Date

Desired Shipping Address

Desired Received Shipment Date

Please select a date between Tuesday-Saturday.

Due to FedEx staffing issues, some shipments cannot be made on weekends and Mondays.

For all other prescriptions not filled by RMCC, please contact your pharmacy directly.

My Medication(s):

Name of Medication(s):

Administration Instructions:

Storage:

Missed Doses:

Side Effect Management:

<u>Possible Side Effect</u>	<u>Prevention and Management</u>

Provider Information

Name:

Clinic Name & Telephone Number: