

Frequently Asked Questions

What is the difference between home delivery and mail-order services?

Mail-order pharmacy does not require you to be home when your medication is delivered to your address. Customers do not require signatures for packages to be delivered. Copayments are charged to the credit card prior to delivery. Mail-order is not limited to the state of Maryland and can service any state at no additional cost.

How is confidentiality ensured?

Your medication will be sent to you in a FedEx package with a return address only. The package will be labeled from LifeBridge Health.

How do I pay my copay?

Copays may be charged using American Express, Visa, Mastercard, Healthcare Flexible Spending Account (FSA) or Discover Card. At this time, we are not able to take money orders, personal checks or cash.

Are there any medications that cannot be ordered through mail service?

We only provide maintenance medications which are used long-term to manage chronic conditions. We can deliver controlled substances as well as refrigerated items.

Can I talk to a pharmacist?

Yes, please call 410-601-7100 to speak with a pharmacist. **Pharmacy hours:** Mon.-Fri.: 7 a.m.-9 p.m., Sat.-Sun.: 9 a.m.-5 p.m.

My spouse has benefits through their job. Can they still use my prescription mail service?

Yes.

What if my provider prescribes a branded medication and I wish to have the generic equivalent dispensed instead?

Unless the provider indicates the brand is medically necessary, the pharmacy will switch the branded drug to its generic equivalent by law. If the patient would prefer the branded medication, please inform the pharmacist at the time of ordering.

Can my prescriptions be delivered to a P.O. box?

Prescriptions cannot be delivered to a P.O. box. You must provide a street address to participate.

What happens if I need my medication right away and cannot wait for it to be delivered via mail?

Please contact pharmacy staff to inform them not to send prescriptions in the mail for any walk-in requests.

How do you store my credit card information on file?

We secure this through our secure pharmacy software system and will not be used for any other purposes besides mail-order prescription billing.

Do I need to be home to sign for my prescriptions?

You are not required to sign for your prescriptions.

How can I track my package?

Please provide the pharmacy staff your email and phone information to track your package.

Are there any additional charges to have my medications mailed to me?

There are no additional charges to our employees.

How will I know the cost of my prescription order?

Please refer to the copay table included in your new member pharmacy benefits overview. For additional information, please contact your benefits provider.

Where is my order being shipped from?

LifeBridge Health Outpatient Pharmacy is located in Baltimore, Md. Your prescriptions can be mailed to any state.

When I receive my order what will be included in the package?

Each package includes your prescription medication, prescription label and a drug monograph. All prescription bottles will be sealed with child-safety caps to prevent them from opening during shipment. If you select easy-open caps, they will be included in the package for you to switch once your package has safely arrived.

How do I refill my prescription?

Call 410-601-7100 and enter your prescription number into the automated system, or speak with one of our pharmacy staff members.

NOTICE OF PRIVACY PRACTICES (NOPP)

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

Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as Protected Health Information or PHI). We are also required to provide you with this Notice regarding our policies and procedures regarding your PHI and to abide by the terms of this notice, as it may be updated from time to time. We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition. For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and switching companies. For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; underwriting activities; reviews activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care you were provided. We store some of your PHI in electronic computer files. We backup our electronic records daily, and employ other precautions to safeguard the integrity of your PHI. In spite of these precautions it is possible, but unlikely, that computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your PHI stored on electronic media. In addition, we may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor. We may use and disclose your PHI, without your authorization, when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may disclose your PHI if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them. From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create PHI. Business associates are required to comply with all the privacy regulations on your behalf. We may disclose PHI about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law. Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us.
2. You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your PHI (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account for you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. Please contact us to request a copy of your protected health information. We may request that you submit a written request and may charge you a fee for the costs of copying and mailing your protected information. In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request please contact us in writing.
4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of PHI as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescription by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgement of the receipt this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practical.
5. We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the PHI to notify, identify or locate a member of your family, your personal representative, another person responsible for care or certain disaster relief agencies of your location, general condition or death. If you are incapacitated, there is an emergency or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care. We will also use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, or other forms of PHI.
6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI we maintain. You may receive a copy of this Notice upon receipt of pharmacy care services.
7. If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to 2401 W. Belvedere Ave., Baltimore, MD 21215. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services, Hubert H Humphrey Building, 200 Independence Ave., SW, Washington, DC 20201. Your treatment will not be affected by any complaints.