



# VIVOHealth Pharmacy

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Welcome Packet



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# Welcome to **VIVOHealth Pharmacy**, and thank you for choosing us for your healthcare needs!

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At VIVOHealth Pharmacy, our mission is straightforward yet profound: “To provide exceptional pharmaceutical care and service to our patients, thereby raising health in the community.” We achieve this through robust partnerships and collaborations with healthcare providers, ensuring a seamless and integrated experience for our patients throughout their healthcare journey. Our approach is patient-centered, focusing on personalized care that meets the unique needs of each individual we serve. Our vision is to continuously adapt and evolve with the changing health care landscape, ensuring that we have an impact on promoting and improving the health of our patients, employees, and the communities we serve.

Our mission is consistent with the overall mission of Northwell Health: to improve the health of our communities by providing the highest quality of care. Through core principles that include a dedication to service, excellence, compassion, innovation, and continuous improvement, we pledge to provide pharmaceutical care that:

1. Meets patient needs.
2. Meets accepted ethical and professional practice standards.
3. Meets legal requirements, both state and federal.
4. Improves quality through education, training, and research performed by pharmacy staff.
5. Complies with requirements established by accrediting agencies such as Utilization Review Accreditation Commission (URAC), Accreditation Commission for Health Care (ACHC), and the National Association of Boards of Pharmacy (NABP).
6. Uses resources wisely and is cost-effective.

Our aim is to always be professional and attentive to customer needs. Our pharmacy will treat you in a friendly, honest, and respectful manner. It is very important to us that you are satisfied with our service and products. If any issue arises from our service or products, we will work quickly to resolve the issue. This booklet explains our policies and procedures. This information is available on our website at [vivohealthpharmacy.com](https://vivohealthpharmacy.com). Please take time to look through it and contact us with any questions.

*Sincerely,  
The VIVOHealth Pharmacy Team*

# Locations, Hours of Operation, and Contact Information

## **VIVOHealth Pharmacy at CFAM**

*ACHC- and URAC-Accredited  
Specialty Pharmacy*

450 Lakeville Road  
Lake Success, NY 11042  
Phone: (516) 734-7780  
Toll-Free: (833) 920-8486  
Fax: (516) 734-7782

**[vivo.cfam@northwell.edu](mailto:vivo.cfam@northwell.edu)**

*Hours of Operation*

Mon - Fri: 8 a.m. - 6 p.m.  
Sat - Sun: Closed

## **VIVOHealth Pharmacy at Home (Mail Order)**

225 Community Drive  
Suite 140  
Great Neck, NY 11021

Phone: (833) 868-8486  
Fax: (516) 266-5332

**[vivo.mailorder@northwell.edu](mailto:vivo.mailorder@northwell.edu)**

*Hours of Operation*

Mon - Fri: 8 a.m. - 7 p.m.  
Sat: 8 a.m. - 4 p.m.  
Sun: Closed

## **VIVOHealth Pharmacy at Lenox Hill**

*ACHC-Accredited Specialty Pharmacy*

100 East 77th Street  
New York, NY 10075

Phone: (212) 434-4980  
Toll-Free: (855) 618-8486  
Fax: (212) 434-4988

**[vivo.lenox@northwell.edu](mailto:vivo.lenox@northwell.edu)**

*Hours of Operation*

Mon - Fri: 8 a.m. - 8 p.m.  
Sat: 8 a.m. - 4 p.m.  
Sun: Closed

## **VIVOHealth Pharmacy at LIJ**

*NABP DMEPOS Accredited Pharmacy*

270-05 76th Avenue  
New Hyde Park, NY 11040

Phone: (718) 470-8486  
Toll-Free: (844) 740-8486  
Fax: (718) 470-5508

**[vivo.lij@northwell.edu](mailto:vivo.lij@northwell.edu)**

*Hours of Operation*

Mon - Fri: 8 a.m. - 8 p.m.  
Sat: 8 a.m. - 4 p.m.  
Sun: Closed

## **VIVOHealth Pharmacy at Manhasset**

*URAC-Accredited Specialty Pharmacy  
NABP DMEPOS Accredited Pharmacy*

300 Community Drive  
Manhasset, NY 11030

Phone: (516) 562-8486  
Toll-Free: (833) 674-8486  
Fax: (516) 562-8329

**[vivo.manhasset@northwell.edu](mailto:vivo.manhasset@northwell.edu)**

*Hours of Operation*

Mon - Fri: 7 a.m. - 7 p.m.  
Sat - Sun: 8 a.m. - 4 p.m.

## **VIVOHealth Pharmacy at Phelps**

*NABP DMEPOS Accredited Pharmacy*

777 North Broadway  
Room 101  
Sleepy Hollow, NY 10591

Phone: (914) 366-1400  
Toll-Free: (844) 742-8486  
Fax: (914) 366-1408

**[vivo.phelps@northwell.edu](mailto:vivo.phelps@northwell.edu)**

*Hours of Operation*

Mon - Fri: 9 a.m. - 6 p.m.  
Sat - Sun: Closed

## VIVOHealth Pharmacy at Rego Park

*ACHC-Accredited Specialty Pharmacy*

95-25 Queens Blvd  
Suite GFLO3  
Rego Park, NY 11374

Phone: (718) 395-1980  
Toll-Free: (833) 876-6171  
Fax: (929) 895-5197

**vivo.rego@northwell.edu**

### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## VIVOHealth Pharmacy at South Shore

*NABP DMEPOS Accredited Pharmacy*

301 East Main Street  
Bayshore, NY 11706

Phone: (631) 894-5775  
Toll-Free: (844) 750-8486  
Fax: (631) 894-5781

**vivo.southside@northwell.edu**

### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## VIVOHealth Pharmacy at Staten Island

*ACHC-Accredited Specialty Pharmacy*

*NABP DMEPOS Accredited Pharmacy*

475 Seaview Avenue  
Staten Island, NY 10305

Phone: (718) 226-1914  
Toll-Free: (833) 305-8486  
Fax: (718) 226-1688

**vivo.siu@northwell.edu**

### *Hours of Operation*

Mon – Fri: 7 a.m. – 7 p.m.  
Sat: 8 a.m. – 4 p.m.  
Sun: Closed

## VIVOHealth Pharmacy at Zucker Hillside Hospital

75-59 263rd Street  
Glen Oaks, NY 11004

Phone: (516) 470-5611  
Toll-Free: (844) 739-8486  
Fax: (718) 470-5612

**vivo.zucker@northwell.edu**

### *Hours of Operation*

Mon – Fri: 9 a.m. – 7 p.m.  
Sat – Sun: Closed

## VIVOHealth Specialty Pharmacy

*ACHC- and URAC-Accredited  
Specialty Pharmacy*

225 Community Drive  
Suite 100  
Great Neck, NY 11021

Phone: (516) 465-5250  
Toll-Free: (844) 411-8486  
Fax: (516) 465-5256

**vivo.specialty@northwell.edu**

### *Hours of Operation*

Mon – Fri: 9 a.m. – 5 p.m.  
Sat – Sun: 8 a.m. – 4 p.m.

## VIVOHealth Pharmacy Now

40 Melville Park Road, Unit One  
Melville, NY 11747

Phone: (833) 898-8486  
Fax: (631) 465-0645

**vivo.now@northwell.edu**

### *Hours of Operation:*

Mon – Fri: 8 a.m. – 7 p.m.  
Sat – Sun: 9 a.m. – 5 p.m.

Contact our clinical call center after normal business hours: **1-844-820-8486**

Concerns or complaints? Please contact our consumer advocacy representative: **[advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com)**

Patients receiving specialty medications may contact **Accreditation Commission for Health Care (ACHC)** at (855) 937-2242 or online at **[www.achc.org](http://www.achc.org)** or **Utilization Review Accreditation Commission (URAC)** at (202) 216-9010 or online at **[www.urac.org](http://www.urac.org)** to file a complaint.

Patients with Medicare insurance receiving **Durable Medical Equipment (DME)** may contact **National Association of Boards of Pharmacy (NABP)** at 847-391-4406 or online at **[www.nabp.pharmacy](http://www.nabp.pharmacy)** to file a complaint.

# Customer Eligibility

VIVOHealth Pharmacy accepts valid physician's prescription orders submitted electronically, by fax, by telephone, or in person. For prescription refills, we recommend that you contact the pharmacy at least three days before the medication runs out; however, due to procurement of certain specialty medications, we recommend contacting the pharmacy as early as possible. VIVOHealth Pharmacy can provide same-day or nationwide\* next-day service. If we cannot get your medication to you, we will transfer your prescription to a nearby specialty pharmacy. Please speak with our pharmacy team members if you are traveling to ensure that you do not go without medication. Our company does not discriminate against customers on the basis of, but not limited to, the following factors: age, race, national origin, religion, sex, sexual orientation, genetic information, pregnancy, retaliation, diagnosis, disease state, or disability.

Please sign to confirm you received the following documents. We include them in this booklet and provide them when you start services.

- Locations, Hours of Operation, and Contact Information
- Customer Bill of Rights and Responsibilities
- How To Report a Concern or Complaint
- Notice of Privacy Practices
- Customer Satisfaction Survey

For Patients with Medicare Insurance Receiving Durable Medical Equipment (DME):

- Customer Service Agreement, Authorization for Payment and Release of Information
- Medicare Capped Rental and Inexpensive or Routinely Purchased Items
- Advance Beneficiary Notice of Non-coverage (ABN)

VIVOHealth Pharmacy provides information in English and may also be able to provide information in Spanish, Russian, Chinese, Korean, Arabic, Hindi, Urdu, or Gujarati. If you are unable to understand the information for any reason, we will communicate through family members or using health system resources. The staff at VIVOHealth Pharmacy will provide considerate and respectful care for your cultural background and religious beliefs. If you feel you have not been treated respectfully, please contact our consumer advocacy representative. We strive to provide the best care to all our patients.

If any customer visiting our pharmacy locations shows signs of distress or appears in need of emergency services, it is VIVOHealth Pharmacy's policy to call 911.

While we hope you are happy with our services, we understand you may at times be required to use a different provider for your medications. If your insurance changes and we cannot accept your new insurance, we will transfer necessary information to your new pharmacy provider upon your request to ensure a smooth transition.

*\*Subject to applicable insurance limitations and legal requirements.*

# Customer Bill of Rights and Responsibilities

**As a VIVOHealth Pharmacy patient, you have certain rights and responsibilities.**

## Patients' Rights

1. The right to considerate and respectful care.
2. The right to relevant, current, and understandable information concerning your medication therapy and treatment from pharmacists and other direct caregivers.
3. The right to information related to your specific drug therapy, including possible adverse side effects and drug interactions.
4. The right to speak to, or receive counseling from the pharmacist to help you understand your medication, appropriate use, and patient management program.
5. The right to receive information, philosophy, and characteristics of the patient management program, before and during treatment, and the right to refuse a recommended treatment or care plan and any limitations.
6. The right to receive administration information regarding changes in, or termination of, the patient management program.
7. The right to participate in the development and periodic revision of the plan of care.
8. The right to the name and job title of all program staff members, and the right to speak with a staff member's supervisor.
9. The right to complain without fear or reprisals about the care and services you are receiving and to have the pharmacy respond to you and if you request it, a written response.
10. The right to reasonable privacy of protected health information; this information may be shared with the patient management program and those entities described in the Notice of Privacy Practices and in accordance with state and federal law.
11. The right to be informed in advance, both orally and in writing, of the charges, including payment for care/service expected from the third parties and any charges for which the client/patient will be responsible.
12. The right to be informed of any financial benefits when referred to an organization.
13. The right to decline to participate, revoke consent, or cancel enrollment at any point in time.\*
14. The right to receive appropriate care without discrimination as to age, race, national origin, religion, sex, sexual orientation, genetic information, pregnancy, retaliation, diagnosis, disease state, disability, or source of payment.
15. The right to receive information about the scope of services that the organization will provide and specific limitations on those services.

16. The right to be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records.
17. The right to review your medical record without charge and obtain a copy of your medical record.
18. The right to review and obtain their pharmacy records consistent with the HIPAA Privacy Rule.
19. The right to be fully informed of one's responsibilities.
20. The right to use a different provider for your medications. In the event you should choose to use another pharmacy, we will work with your preferred pharmacy to promote a smooth transition.
21. Be free from mistreatment, neglect, verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of property by anyone furnishing services on behalf of VIVOHealth Pharmacy.

The effectiveness of patient care and patient satisfaction with the course of drug therapy will depend, in part, on the patient fulfilling certain responsibilities.

## Patients' Responsibilities

1. To submit all forms required, including any forms that are necessary to participate in the program, to the extent required by law.
2. To provide accurate clinical information (including current medications, medication history, and drug and food allergies) and to notify the patient management program of any changes.
3. To notify the provider treating you of your participation in the patient management program, if applicable.
4. To request clarification about the drugs you are taking if you do not fully understand the information and instructions you have been given.
5. To follow a medication regimen as instructed by your provider.
6. To notify your provider and pharmacist if you choose to end your medication therapy.
7. To notify your provider and pharmacist of changes in contact information, address, or insurance information.
8. To accept any financial responsibility not covered by insurance.
9. To notify your pharmacist of your preferences related to receiving information including preferred education method and contact times.
10. Client/patient maintains any equipment provided.
11. Client/patient notifies the organization of any concerns about the care or services provided.

*\*You can opt out of the patient management program by contacting the VIVOHealth Pharmacy location that provides your patient management services or by sending an email to the customer advocacy service at [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com).*

# About Us

## At VIVOHealth Pharmacy, we're exactly where you need us, when you need us.

It's our honor to be by your side in the journey to better health. Our pharmacies are here to provide a specialized level of care and convenience. Whether you need a question answered, a guiding hand in a time of need, or the expertise of a professional who works closely with your doctor, we're here for you.

## Why Choose VIVOHealth

Our locations are conveniently located in hospitals and treatment centers, giving you easy and instantaneous access to your medications. Being close to health care providers also ensures that we have the clearest possible understanding of our patients' conditions and the care they require. We offer this standard of care to patients regardless of provider affiliation.

While our pharmacies provide care for a wide variety of illnesses and conditions, each location has a specialty focus. This allows us to connect you with a pharmacist who is specifically knowledgeable about your condition and who is qualified to answer your questions, handle your prescriptions, and arrange the delivery of your medications. ***Our pharmacists are available 24 hours a day, seven days a week, so you're never without help.***

## Patient Management Program

Our Patient Management Program is designed to help you receive the greatest benefit from your treatment. We work closely with you and your providers to help you navigate your treatment and handle any issues that may arise.

### What We Do for You:

- Help you manage side effects
- Follow up with you regularly to make sure you understand your treatment
- Remind you when it's time to refill your medication
- Share tips to help you stay on track with your treatment
- Give you tools and resources to make informed decisions

### What We Need from You:

To get the most from this program, we need you to:

- Follow recommendations from your pharmacist and doctor
- Make time to talk with our pharmacy team
- Let us know if you want to opt out at any time

We have found that these interventions translate to increased patient satisfaction and improved outcomes. We can't guarantee specific results because every patient and condition is different, but we will always work as a team with your best interest in mind.

## Payments

VIVOHealth Pharmacy will bill your insurance company for the cost of your medication. You may have to pay for some of the costs, which is called a copayment. You are expected to make your copayment when you receive your medication. Using an out-of-network pharmacy typically results in a higher copay; in some cases, the service may not be covered at all. VIVOHealth Pharmacy reports all out-of-network circumstances to the patient or authorized agent, obtaining their approval before services are rendered.

We will tell you — whether in person, over the telephone, or in writing — exactly how much your insurance company will pay and how much you will be expected to pay. You will be informed of any expected costs at the time of or prior to receiving your products or services. A fee schedule is available upon request. If you do not understand these costs, you can call the pharmacy at any time during normal business hours. You can, at any time, ask for claims-related information in reference to your prescription.

## Copay Assistance Program

VIVOHealth Pharmacy has financial assistance resources where applicable to help with copayments and minimize interruptions in your therapy. These programs include discount coupons from drug manufacturers and assistance from disease management foundations and pharmaceutical companies.

## Less Expensive Drugs and Drug Substitutions

Unless your doctor says otherwise, we will give you the lower-cost or generic version of your medication for your prescription, rather than the more expensive brand-name drug. Generic drugs may be given to you when you get new prescriptions or refills. If a different drug needs to be substituted (due to your insurance plan's list of covered drugs (formulary), drug availability, or adverse or allergic drug reactions), we will contact your provider for approval and counsel you on all changes made.

## Recalls

Sometimes drugs, home medical equipment or supplies are recalled by the manufacturer, often as a precaution. VIVOHealth Pharmacy may contact you and your provider with instructions and will work with you to repair, replace, or otherwise address the recalled product in accordance with manufacturer and/or FDA guidelines.

## Adverse Drug Reactions

Call your provider, pharmacist, or 911 in a case of an emergency if you believe you are experiencing any adverse reaction to the medicine you are taking.

# How to Access Medications, Equipment, or Supplies

In the event of a medication emergency, please call the VIVOHealth Pharmacy location that provides your pharmacy services. If your VIVOHealth Pharmacy location is closed and you need assistance after hours, please call **(844) 820-8486** to be connected to our Clinical Call Center.

In the event of an emergency or disaster in your area, please do not put yourself in harm's way to access medications, equipment, or supplies. Once you arrive in a safe area, please contact the VIVOHealth Pharmacy location that provides your pharmacy service to ensure that your therapy is not interrupted.

A highly trained VIVOHealth pharmacist is always available to take your call during business hours. Outside business hours, callers have the option to transfer to our clinical call center, which is staffed by registered nurses who have the resources necessary to evaluate and escalate all emergency and urgent situations. If there is any emergency, disaster, or delay at a VIVOHealth Pharmacy location, our other locations will support to ensure there is no disruption in service.

If pharmacist intervention is required,  
**a VIVOHealth pharmacist is on call 24/7.**



# How To Check Your Order Status

To check the status of a prescription order, please call the VIVOHealth Pharmacy location providing your services to speak to a member of our team or leave a message for a call back the next business day. Whenever we are aware of a delay in your order, a member of our team will reach out to you to provide details and the status of your order. In addition, you can visit [northwell.edu/login](https://northwell.edu/login) or download the MyNorthwell App on the Apple App Store or Google Play Store. If you do not receive a scheduled shipment or are at risk of running out of your medication, equipment, or supplies in the expected time frame, please contact us so we can arrange replacement or alternate delivery and discuss next steps.

# How To Report a Concern or Complaint

We take your concerns very seriously and we strive to give you the best service possible. However, if we failed to do that or if you suspect we made an error, please follow this procedure:

1. Call or visit our pharmacy and make your concern or complaint known to a pharmacist.
2. The pharmacist will attempt to resolve your grievance.
3. If a resolution cannot be attained, we will forward your grievance to our consumer advocate.
4. You can ask for a written copy of the resolution.

**If you have any questions regarding this procedure, please ask for further explanation.**

If you have any concerns or questions about your service, please contact a VIVOHealth pharmacist at [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com).

If you would like to file a complaint, please fill out the complaint form found in the appendix of this handbook.

# Medication Storage

Did you know that elements such as heat, air, light, and moisture may make your medication less effective? Therefore, where you store your medication can truly affect how well it works. Always keep your medicine in its original container, in a cool dry place, and out of reach of children and pets. Examples may include: in a drawer or a cabinet away from a sink, stove, or shower. Do not take medication if it has changed in color, texture, or appears unusual, even if it has not expired. Ask your pharmacist about any medication-specific storage instructions.

# Hazardous Materials

Hazardous medications are drugs used to treat viruses, cancer, and may also include hormones and other miscellaneous drugs. They can be dangerous when taken by other people or pets since these medications can affect cell growth or the body's ability to fight infection.

In order to reduce risks to others, please review the following recommendations if you have been prescribed a hazardous medication:

Whenever possible, only the patient or caregiver should handle the medication.

- Wear latex or nitrile gloves when handling the medication. Wash your hands before applying and after removing/disposing the gloves.
- If any hazardous medication spills, wipe the area with a wet paper towel and dish soap, then rinse. Any used paper towels can be put in a regular trash bin after cleaning up the spill.
- Wash and rinse your skin with soap and water if any hazardous medication comes in direct contact. If the skin becomes red or irritated, call your doctor.
- If hazardous medications gets into your eye, flush your eye for 15 minutes with tap water. Seek emergency care.
- Women who are pregnant, or who may become pregnant, or breastfeeding should NOT handle hazardous medications.
- Always keep your hazardous medicine in its original container, in a cool dry place, and out of reach of children and pets.
- Take any leftover hazardous medication to a disposal location (see "How To Safely Dispose of Drugs"). Never flush leftover medication down the toilet. For injected medications that may require special handling, call the pharmacy for specific disposal directions.
- If you have any questions, call your pharmacist.

# How To Safely Dispose of Drugs

**Remember to keep all medications in a safe, secure place in your home out of reach of children and pets. It is best to properly dispose of medications to ensure they will not be used in an unauthorized or accidental manner.**

We encourage all households to take unused or unwanted medications to a nearby collection site when possible. Please click the link below to find a collection site near you or check with your town, county, or city about other collection opportunities.

## **New York Medication Drop Box Locations**

Additionally, there are secure MedSafe drop boxes conveniently located in the lobbies of select Northwell Health Facilities including South Shore, South Oaks, and Northern Westchester hospitals and Peconic Bay Medical Center. For additional locations, please refer to the **[New York Department of Health Drop Box link](#)**.

For opioid-containing medications (such as oxycodone) and other controlled substances, VIVOHealth Pharmacy will provide the Deterra Drug Deactivation System free of charge upon request. Deterra will deactivate the medicine effectively, safely, and quickly when water is added according to package directions. The entire package may be safely tossed in the trash.

As a last resort, and in the absence of specific disposal instructions included in your drug packaging, follow the trash disposal instructions listed below:

1. Remove the medication from the original container and mix with an undesirable substance such as used coffee grounds, dirt, or kitty litter. This makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs.
2. 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.
3. Hide all medications in an outer container, such as a sealable bag, box, or plastic tub, to prevent discovery and removal from the trash. Seal the container with strong tape.
4. Dispose of drugs as close to your trash collection day as possible to avoid misuse and/or misdirection.
5. Do not give your medicine to friends. Doctors prescribe medicines based on your specific symptoms and medical history. Something that works for you could be dangerous for someone else.
6. When in doubt about proper disposal, ask your pharmacist.

# Patient Safety

## Handwashing

### How it works

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

## Hand Sanitizer

- Use hand sanitizer when you can't use soap and water
- Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label

## Sharps Safety

- Always place used needles, syringes, lancets, and other sharp objects immediately into an approved sharps disposal container.
- Do not throw sharps directly into the trash or recycling.
- Do not flush sharps down the toilet.
- If a commercial sharps container is not immediately available, you may use a sturdy, puncture-proof container with a tight-fitting, screw-on lid (e.g., a heavy-duty plastic laundry detergent bottle or bleach bottle).
- Never use clear plastic or glass containers for sharps disposal.
- No sharps container (commercial or alternative) should be filled more than three-quarters full (3/4) to prevent overflow and accidental pokes.

## Needle-Stick Safety

- To prevent accidental sticks, never recap used needles.
- Plan for the safe handling and immediate disposal of needles before each use.
- After use, promptly place all needles into a designated sharps disposal container.
- Report any needle stick or sharp-related injury to your physician without delay.

# General Home Safety

## Falling:

- Arrange furniture to ensure clear, unobstructed pathways.
- Remove or rearrange items like coffee tables and footstools that can be tripping hazards.
- Confirm all furniture is sturdy and stable; avoid pieces with rollers that could move unexpectedly.
- Ensure chairs, sofas, and beds are at a comfortable height, allowing your feet to rest flat on the floor when seated.
- Remove all throw rugs, as they can cause slipping or tripping.
- Secure all wires and cords behind furniture and tightly against the wall to prevent tripping.
- Avoid walking on slippery, wet, or uneven surfaces.
- Install night-lights in hallways and frequently used areas to improve visibility in the dark.
- Always turn on lights before entering a room, as eyes adapt slower from light to dark.
- Install grab bars on shower walls.
- Use non-slip strips or a non-slip mat inside the tub or shower.
- Ensure handrails are installed on both sides of stairways for stable support.
- Wear non-skid footwear; avoid walking barefoot.
- Choose pajamas or robes that are not excessively long to prevent tripping.
- If you experience dizziness, remain seated and seek assistance before attempting to stand.
- Use an extended-reach grabber tool to pick up dropped items, preventing the need to bend and maintain balance.
- Do not wear reading glasses while walking.
- Get regular eye exams and keep your glasses clean for clear vision.
- Have your ears checked regularly, as good hearing contributes significantly to balance.
- Ask your doctor or pharmacist if any of your medications affect balance or coordination.
- Avoid consuming alcoholic beverages while on medication.
- Keep a phone easily accessible near your bed.
- Carry a cordless or mobile phone with you (e.g., in a pocket or fanny pack) to avoid rushing when it rings. Consider having phones in multiple rooms.
- Consider keeping pets in designated areas at night to prevent them from becoming tripping hazards.

## Poisoning:

- To prevent accidental poisoning, store all hazardous materials, liquids, and medications securely out of the reach of children.
- In case of emergency, immediately contact your local poison control number or dial 1-800-222-1222.

# Fire and Burn Prevention

## I. Electrical Safety

- Inspect all electrical cords regularly for fraying or cracking; replace damaged cords immediately.
- Keep cords from running under furniture or rugs, as this can cause damage and create tripping hazards.
- Avoid overloading extension cords, which can pose a fire risk.
- Install covers on all unused electrical outlets, especially in homes with children.
- Always use fuses of the correct size for your electrical panel.

## II. Fire Prevention & Emergency Readiness

- Install smoke detectors on every floor of your home, as recommended by fire departments.
- Test smoke detectors monthly and replace batteries every six months.
- Notify your local fire department if anyone in your household has a disability that could impede evacuation.
- Develop and practice an evacuation plan with all household members to exit the dwelling safely in case of fire or other emergency.

- Report all incidents, accidents, Adverse Drug Reactions, and possible safety hazards involving your Home Medical Equipment to VIVOHealth Pharmacy immediately.
- Store gasoline, paints, solvents, and other flammable liquids outside of living areas. Keep them away from heat sources like heaters, furnaces, water heaters, ranges, and other gas appliances.
- Never leave the stove unattended while cooking.
- Keep matches and lighters out of reach of children.

## III. Water & Temperature Safety

- Always check the water temperature before entering the bath or shower.
- Ensure your water heater is set no higher than 120°F (49°C) to prevent scalding.

### **In Case of Emergency:**

**For fire, police, or ambulance: call 911**

For home medical equipment emergencies:  
call VIVOHealth Pharmacy

# Frequently Asked Questions

## Why use VIVOHealth Pharmacy?

VIVOHealth Pharmacy is powered by Northwell Health, one of the nation's largest healthcare systems. This vast network of providers, facilities, and resources allows us to provide you with a personalized pharmaceutical experience that is second to none.

We are a full-service pharmacy, which means we provide specialty medication, other treatment used for acute illness and chronic conditions, equipment and medical supplies. Complementary services include patient education, drug counseling, medication therapy management, and finding patient assistance programs.

## Will my prescriptions be covered by insurance?

We accept most major insurance plans, including Medicare drug coverage. For more information on Medicare, please refer to the [\*\*Medication Prescription Drug Coverage and Rights Form\*\*](#).

## What will my medications, equipment, or supplies cost at VIVOHealth Pharmacy?

VIVOHealth Pharmacy will bill your insurance company for the cost of your medication, equipment, or supplies, but you may have to pay a copay.

We understand that the cost of medication, equipment, or supplies associated with complex diseases can be overwhelming. We are committed to finding assistance programs, including any applicable copay cards, manufacturer programs, and third-party foundations.

## How can I access VIVOHealth Pharmacy in an emergency?

At VIVOHealth Pharmacy, we want to make sure you have the medication, equipment, or supplies you need, when you need them. In the event of a life-threatening emergency, please call 911 or go to your nearest emergency care facility. If you have an urgent need or a question about your medication, equipment, or supplies, please call the VIVOHealth Pharmacy location that provides your pharmacy services. Our highly trained pharmacists are available to accept your call during business hours and there is always a healthcare professional available to answer your questions during off-hours through our 24/7 Clinical Call Center.

Visit [\*\*our locations page\*\*](#) to find your VIVOHealth Pharmacy contact information.

## How do I fill my prescription?

### Requesting a Refill by Phone

To request a refill, **contact the VIVOHealth Pharmacy** where you originally filled your prescription. Talk to your pharmacy team about home delivery and recurring refill services.

### Requesting a Refill Online

Please visit **northwell.edu/mynorthwell** or download the MyNorthwell App on the Apple App Store or Google Play Store.

### New to VIVOHealth

Ask your doctor to send your prescriptions to VIVOHealth Pharmacy or transfer your prescriptions by calling us directly. **Find the location most convenient to you.**

## What will I receive with my prescription?

We provide a welcome packet to all patients receiving specialty medication, equipment, or supplies services. The welcome packet guides patients through managing their prescriptions and contains important information about our services, including policies, contact information, forms, and instructions.

## Which states can you ship my prescription to?

Our pharmacy locations are located and licensed in New York state. Additionally, select VIVOHealth locations are licensed to ship prescriptions to Alabama, Alaska, Arizona, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Washington DC, West Virginia, Wisconsin, and Wyoming. Please reach out to our pharmacy team members for assistance.

# Medicare DMEPOS Supplier Standards

**This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

- A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
- A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
- A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
- A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
- A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
- A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
- A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
- A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.

- A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
- All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

# Medicare DMEPOS Services

Our DMEPOS accredited pharmacies provide durable medical equipment (DME), supplies, and related products when ordered by your doctor or prescriber and covered under your insurance or payer plan, which includes the following:

- Blood Glucose Monitors and/or Supplies (Non-mail order)
- Canes and Crutches
- Commodes, Urinals, and Bedpans
- Diabetic Shoes and Inserts (Off the Shelf)
- Enteral (Tube Feeding) Nutrients
- Enteral (Tube Feeding) Equipment and/or Supplies
- Heat and Cold Therapy Products
- Insulin Infusion Pumps
- Nebulizer Equipment and/or Supplies
- Off-the-Shelf Orthotic Devices
- Ostomy Supplies
- Surgical Dressings
- Urological Supplies
- Walkers

This includes items used for diabetes care, mobility support, wound care, nutrition delivered through a feeding tube, breathing treatments, and other medically necessary equipment and supplies. Not all items listed above are available at every VIVOHealth Pharmacy location. Please check with your VIVOHealth pharmacy to confirm which products and services are offered at that site.

All items require a valid prescription or order from your doctor or authorized prescriber and must meet the requirements of your insurance or payer. Patients will receive instruction on the proper use, care, and maintenance of any equipment or supplies provided.

If we are unable to provide a specific item you need, we will work with you to coordinate your care or refer you to another provider who can help, so that your needs are met without interruption.

## **Statement of Warranty\***

Every DME product we sell or rent comes with a manufacturer's warranty. VIVOHealth Pharmacy will notify all customers of the warranty coverage and will honor all warranties under applicable law. VIVOHealth Pharmacy will repair or replace, free of charge, equipment that is under warranty. In addition, an owner's manual with warranty information (when available from manufacturer) will be provided to customers for all Home Medical Equipment.

## Same or Similar Equipment\*

Medicare considers equipment to last 5 years. Medicare will not pay for the same or similar equipment within that time.

**When you get equipment from us, we will ask if you've had the same or similar equipment in the past 5 years.**

If you have:

1. We will ask you to sign an Advance Beneficiary Notice (ABN).
2. You will pay us the full charge at the time of delivery.
3. We will submit a claim to Medicare on your behalf.
4. Medicare will send any reimbursement (80% of their allowed amount) directly to you.

If you have Medicaid as a secondary insurance, the process is different — we will bill Medicare first, then forward any remaining balance to Medicaid. In either case, you will sign an ABN accepting responsibility if the claim is denied.

## Capped Rental Items\*

Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which you own the equipment. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair. An example of this type of equipment includes nebulizers.

## For Inexpensive or Routinely Purchased Items\*

Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount. Examples of this type of equipment include: canes, walkers, crutches, commode chairs, and home blood glucose monitors.

*\*NABP DMEPOS accredited VIVOHealth pharmacies only*

# HIPAA Notice of Privacy Practices

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## What is the Notice of Privacy Practices?

The Notice explains how we fulfill our commitment to respect the privacy and confidentiality of your protected health information. This Notice explains how we may use and share your protected health information, as well as the legal obligations we have regarding your protected health information, and about your rights under federal and state laws, including the Health Insurance Portability and Accountability Act (“HIPAA”). The Notice applies to all protected health information held by the Northwell facilities and programs described below, regardless of whether the protected health information is written, computerized or in any other form. We are required by law to make sure that information that identifies you is kept private and to make this Notice available to you. In this Notice, the term “protected health information” refers to individually identifiable information about you, which may include:

- Information about your health condition (such as medical conditions and test results you may have)
- Information about health care services you have received or may receive in the future (such as a surgical procedure)
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered)
- Geographic information (such as where you live)

- Demographic information (such as your race, gender, ethnicity or marital status)
- Unique numbers that may identify you (such as your Social Security number, your phone number or your driver’s license number)
- Biometric identifiers (such as fingerprints)
- Full-face photographs

## Who follows the Northwell Notice of Privacy Practices

This Notice describes the practices of Northwell, Inc. and its subsidiaries, affiliates, and related practice entities (referred to collectively herein as “Northwell,” “we” or “us”), including our hospitals, clinics, related physician practices, outpatient centers, urgent care centers, imaging centers, ambulatory surgery centers, laboratories, pharmacies, accountable care organization participants, skilled nursing facilities, rehabilitation facilities, and home care providers.

The privacy practices described in this Notice will be followed by all Northwell entities, and their respective health care professionals, employees, medical staff, trainees, students, volunteers and business associates.

Northwell locations and facilities include but are not limited to the following hospitals and their associated providers:

- Cohen Children’s Medical Center
- Danbury Hospital
- Glen Cove Hospital

- Huntington Hospital
- Lenox Hill Hospital
- Long Island Jewish Forest Hills
- Long Island Jewish Medical Center
- Long Island Jewish Valley Stream
- Manhattan Eye, Ear & Throat Hospital (MEETH)
- Mather Hospital
- New Milford Hospital
- North Shore University Hospital
- Northern Dutchess Hospital
- Northern Westchester Hospital
- Northwell Greenwich Village Hospital
- Norwalk Hospital
- Peconic Bay Medical Center
- Phelps Hospital
- Plainview Hospital
- Putnam Hospital Center
- Sharon Hospital
- South Oaks Hospital
- South Shore University Hospital
- Staten Island University Hospital
- Syosset Hospital
- Vassar Brothers Medical Center
- Zucker Hillside Hospital

For a list of additional Northwell subsidiaries, affiliates, and related practice entities and providers subject to this Notice, please visit <https://www.northwell.edu/npp/entities>.

Our providers may share your health information with each other as described in this Notice for reasons of treatment, payment, and health care operations and for other purposes as permitted or required by law. Providers not employed by Northwell who provide care at a Northwell facility may also give you their own privacy notices that describe their office practices.

Northwell participates in an Organized Health Care Arrangement (“OHCA”), which is an arrangement or relationship that allows two or more health care providers, facilities, and other HIPAA covered entities to use and disclose

protected health information for treatment, payment, and health care operations activities of the OHCA, and other legally permitted or required purposes. Additional OHCA-related information is available on our website at <https://www.northwell.edu/npp/entities>.

Please note that this Notice does not alter the independent corporate or legal status of any of the Northwell entities, nor does it make any of them jointly responsible for the negligence, mistakes or violations of any other Northwell entities.

## Overview

The following is a summary of the key provisions in our Notice.

This summary is not a complete listing of how we use and disclose your protected health information. If you have any questions about any of the information contained in this summary, please read this full Notice of Privacy Practices or contact a Northwell staff member for more information.

### **Northwell may use and disclose your protected health information without your consent to:**

- Provide you with medical treatment and other services
- Carry out certain functions necessary to the operation of our facilities and programs, such as quality improvement studies, medical education and verifying the qualifications of providers
- Coordinate your care, which may include such things as giving you appointment reminders and telling you about other treatment options available through Northwell
- Talk to family or friends involved in your care, unless otherwise indicated by you

- Ensure that we follow the rules of regulatory agencies regarding the quality of care we provide
- Comply with all legal requirements, subpoenas and court orders
- Engage in certain preapproved research activities
- Request payment from you, your insurance company or some other third-party payer
- Include information in our hospital directory, such as name and room number, for the benefit of visitors or members of the clergy
- Contact you for fundraising activities unless otherwise indicated by you
- Meet special situations as described in this Notice, such as public health and safety

### You have a right to:

- See and obtain a copy of your medical record in the format of your choosing, with certain restrictions
- Ask us to amend the protected health information we have about you if you feel the information we have is inaccurate or incomplete
- Ask us to restrict or limit the protected health information we use and share about you
- Ask us to communicate with you about medical matters in a certain way or at a specific location
- Obtain a list of individuals or entities that have received your protected health information from Northwell, subject to limits permitted by law
- Be notified if your protected health information is improperly disclosed or accessed
- Obtain a paper copy of this Notice
- Submit a complaint

## How we may use and share your protected health information with others

The following categories describe different ways that we may use and disclose your protected health information. Not every use or disclosure will be listed; however, all the ways we are permitted to use and disclose your information will fall within at least one of the following categories.

**For treatment:** We may use or disclose protected health information about you to provide, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, students or other Northwell personnel involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals. We may share protected health information about you with non-Northwell health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose your protected health information to people outside Northwell who may be involved in your continuing medical treatment after you leave our care, such as other health care providers, home health agencies and transport companies.

**For payment:** In order to receive payment for the services we provide to you, we may use and share your protected health information with your insurance company or a third party, such as Medicare and Medicaid. We may also share your protected health information with another doctor, facility or service provider, such as an

ambulance company or subcontractor within our facilities that has treated you or has provided services to you, so that they can bill you, your insurance company or a third party. For example, in order for your insurance company to pay for your health-related services at Northwell, we must submit a bill that identifies you, your diagnosis and the treatment we provided. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment. In addition, insurance companies and other third parties may require that we provide a unique identifier for verification and payment purposes.

**For health care operations:** We may use your protected health information to support our business activities and improve the quality of care. For example, we may use your protected health information to review the treatment and services that we gave you and to see how well our staff cared for you. We may share your information with our students, trainees and staff for review and learning purposes. Your protected health information may also be used or disclosed for accreditation purposes, to handle patients' grievances or lawsuits and for health care contracting relating to our operations.

**Appointment reminders:** We may use and share your protected health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, the testing site may call you to remind you of the date you are scheduled.

**Hospital directory:** If you are admitted to the hospital, your name, room location, general condition (such as fair or stable) and religious affiliation may be listed in the hospital's patient directory. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Unless you object, we will include this limited information about you in the directory while you are a patient. Your room

location and general condition will be released to people who ask for you by name. Your religious affiliation will be given only to a member of the clergy, such as a priest, minister or rabbi, even if they do not ask for you by name. If you object to being included in the hospital directory, we will not disclose your information to anyone who asks for you unless required by law. If you do not want your information listed in the hospital directory, you must notify personnel during registration or tell your caregivers after you have been admitted to the hospital.

**Business associates:** We may share your protected health information with a business associate that we hire to help us, such as a billing or computer company or transcription service. Business associates will have assured us in writing that they will safeguard your protected health information as required by law.

**Treatment options and other health-related benefits and services:** We may use your information to contact you about treatment options and other health-related benefits and services provided by Northwell that may be of interest to you. This may include information about our staff or about health-related products and services offered by Northwell that may be beneficial for you. However, we will not use your information to engage in marketing activities (other than face-to-face communications) without your written authorization. We also will never sell your protected health information to third parties without your written authorization to do so. However, we may receive payment to disclose your protected health information for certain limited purposes permitted by law.

**Fundraising activities:** We may contact you to provide information about Northwell sponsored activities, including fundraising programs and events. We may use your protected health information, such as the department where you were seen or the name

of the physician you saw, in order to contact you to ask you to make a charitable contribution to support research, teaching or patient care at Northwell related to your specific treatment. If you do not want to be contacted about our fundraising opportunities and events, you can let us know at any time by calling (855) 621-2844 and we will no longer reach out to you. Please give your name and address so that we may suppress your name from all future fundraising.

**Individuals involved in your care or payment for your care:** Unless you decline, we may release protected health information to people such as family members, relatives or close personal friends who are helping to care for you or pay your medical bills. Additionally, we may disclose information to a patient representative. If a person has the authority under the law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your protected health information. Parents and legal guardians are generally patient representatives for minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances. If you do not want protected health information about you released to those involved in your care, please notify us.

**Disaster relief efforts:** We may disclose your protected health information to an organization such as the American Red Cross so that your family can be notified about your condition, status and location in the event of a disaster. If we can reasonably do so while trying to respond to the emergency, we will try to obtain your permission to share this information first.

**Research:** Northwell conducts research to advance science both to prevent disease and to cure patients. All research projects conducted by Northwell must be approved through a special review process to protect patient safety,

welfare and confidentiality. Your protected health information may be important to research efforts and may be used for research purposes in accordance with state and federal law.

Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization or approval of the contact from a special review board called an Institutional Review Board (IRB). An IRB is a special committee that protects the rights and welfare of people who participate in research studies. Enrollment in most studies may occur only after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an authorization or consent form that has been reviewed and approved by an IRB. In some instances, federal law allows us to use your protected health information for research without your authorization, provided we get approval from an IRB or other special review board. These studies will not affect your treatment or welfare, and your private health information will continue to be protected. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment. Federal law also allows researchers to look at your protected health information when preparing future research studies, so long as any information identifying you does not leave a Northwell facility. If you have any questions about how your medical record information could be used in a research protocol, please call the Northwell Office for Human Research Protections at (516) 719-3101.

**As required by law:** We will share your protected health information when federal, state or local law requires us to do so. This includes to the Secretary of the U.S. Department of Health and Human Services for HIPAA rules compliance and enforcement purposes.

## Special situations

### **Legal proceedings, lawsuits and other legal actions:**

We may share your protected health information with courts, attorneys and court employees when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies, and in the course of certain other lawful, judicial or administrative proceedings, or to defend ourselves against a lawsuit brought against us.

**Law enforcement:** If asked to do so by law enforcement, and as authorized or required by law, we may release protected health information:

- To identify or locate a suspect, fugitive, material witness or missing person
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death suspected to be the result of criminal conduct
- About criminal conduct at Northwell

### **To avert a serious threat to health or safety:**

We may use and disclose your protected health information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat.

**Public health risks:** As required by law, we may disclose your protected health information to public health authorities for purposes related to: preventing or controlling disease, injuries or disability; reporting vital events, such as births and deaths; reporting child abuse or neglect; reporting domestic violence; reporting reactions to medications or problems with products; notifying people of recalls, repairs or replacements of products they may be using;

notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease and reporting to your employer findings concerning work-related illness or injury so that your workplace may be monitored for safety.

**Workers' compensation:** We may share your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Specialized government functions:** If you are a member of the armed forces (of either the United States or of a foreign government), we may share your protected health information with military authorities so they may carry out their duties under the law. We may also disclose your protected health information if it relates to national security and intelligence activities, or to providing protective services for the President or for other important officials, such as foreign heads of state.

**Health oversight activities:** We may disclose your protected health information to local, state or federal governmental authorities responsible for the oversight of medical matters as authorized by law. This includes licensing, auditing and accrediting agencies and agencies that administer public health programs such as Medicare and Medicaid.

### **Coroners, medical examiners and funeral directors:**

We may release your protected health information to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We also may release protected health information to funeral directors so they can carry out their duties.

**Organ, eye and tissue donation:** If you are an organ donor, we may release your protected health information to organizations that obtain organs or handle organ, eye or

tissue transplantation. We also may release your information to an organ donation bank as necessary to facilitate organ, eye or tissue donation and transplantation.

**Inmates:** If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law officer as authorized or required by law. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Incidental disclosures:** While we will take reasonable steps to safeguard the privacy of your protected health information, certain disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your information. For example, during the course of a treatment session, other patients in the treatment area may see or overhear discussion of your information. These “incidental disclosures” are permissible.

## Uses and disclosures requiring your written authorization or consent

**Stricter laws:** Stricter privacy requirements may apply to certain types of health information. For example, New York prohibits the disclosure of HIV-related information and the records of licensed mental health facilities for certain purposes that are permitted by HIPAA. In addition, we will obtain your authorization or consent for most uses and disclosures of psychotherapy notes, substance use disorder (“SUD”) records, and certain other types of sensitive information as required by applicable law. We will follow these stricter laws when they apply, and we will not disclose your protected health information for any purpose prohibited

by these laws without your consent. In addition, as required by applicable law, we will not use or disclose any SUD records received from federally assisted SUD treatment programs (“SUD Programs”), or testimony relating the content of those records, in civil, criminal, administrative, or legislative proceedings against the patient unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record. Furthermore, we will not use or disclose records received from SUD Programs to fundraise without first providing you with a clear and conspicuous opportunity to elect not to receive fundraising communications.

**Uses and disclosures not covered in this Notice:** Other uses and disclosures of your protected health information not described above in this Notice or permitted by law will be made only with your written authorization or consent. If you give us authorization or consent to use or share protected health information about you, you may revoke that authorization or consent in writing at any time. Please understand that we are unable to retract any disclosures already made with your authorization or consent.

## Your rights concerning your protected health information

**Right to ask to see and obtain a copy:** You have the right to ask to see and obtain a copy of the protected health information we used to make decisions about your care. This includes medical records (including laboratory testing results) and billing records, but does not include psychotherapy notes. If the record is maintained electronically by Northwell, you have the right to obtain an electronic copy of the record. Your request must be in writing and must be given to the Health Information Management Correspondence Unit. If you are requesting laboratory testing results directly

from your laboratory, your request must be in writing and must be given to the laboratory. We may charge you a reasonable fee for the costs of copying, mailing or other expenses associated with complying with your request. We may deny access under certain limited circumstances. If we deny your request, we may provide you a written summary of your record or we may provide you with limited portions of your record. If we deny your request, in part or in its entirety, you may request that the denial be reviewed. A description of the process to have a denial reviewed, as well as information on how to file a complaint with the Secretary of the U.S. Department of Health and Human Services, will be included in the correspondence informing you of our decision to deny your request.

**Right to ask for an amendment or addendum:** If you feel that the protected health information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment as long as the information is kept by or for Northwell. You are required to submit this request in writing by completing a Request for Amendment of Protected Health Information form. We may deny your request 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:

- 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 protected health information kept by or for Northwell
- Is not part of the information you would be permitted to see and copy
- Is determined by us to be accurate and complete

If we deny your request, we will give you a written explanation of why we did not make

the amendment. You will have the opportunity to have certain information related to your request included in your medical records, such as your disagreement with our decision. We will also provide you with information on how to file a complaint with Northwell or with the U.S. Department of Health and Human Services.

**Right to ask for an accounting of disclosures:** You have the right to ask us for a listing of those individuals or entities who have received your protected health information from Northwell in the six years prior to your request. This listing will not cover disclosures made:

- To you or your personal representative
- To provide or arrange for your care
- To carry out treatment, payment or health care operations
- Incident to a permitted use or disclosure
- To parties you authorize to receive your protected health information
- To those who request your information through the hospital directory
- To your family members, relatives or friends who are involved in your care
- For national security or intelligence services
- To correctional institutions or law enforcement officials
- As part of a limited data set for research purposes

You must submit your request in writing to the Office of Corporate Compliance at 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042. Your request must state the time period for the requested disclosures. The first list requested within a 12-month period will be free. We may charge you for responding to any additional requests in that same period.

**Right to request restrictions:** You have the right to ask us to restrict or limit the protected health information we use or disclose about you for treatment, payment or health care operations. In most cases, we must consider your request, but we are not required to agree to it. However, we must agree to limit disclosures made to your health insurer or other third-party payer about services we provided to you if, prior to receiving the medical services, you pay for the services in full, unless the disclosure of that information is required by law. If multiple medical services are provided to you at one time by Northwell, you will have to pay for all of the services in order to restrict the disclosure of any one of them to your health insurance. If you require follow-up care related to the undisclosed service and you decide you do not want to pay for that follow-up care at the time it is provided to you, it may be necessary for us to tell your health insurer about the previously undisclosed service. This will be done only to the extent necessary to receive payment for subsequent medical treatment. To restrict information provided to your health insurer or to another third-party payer, you must notify a Northwell staff member at the time of registration and fill out a form indicating this preference. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or a friend. For example, you could ask that we not disclose information to a family member about a surgery you had. Your request for any restriction must be made in writing and given to the Office of Corporate Compliance at 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042.

**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

contact you only at home or only by mail. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternate address. You will also need to give us information about where your bills may be sent. Your request must be made in writing by filling out a Northwell form requesting confidential communications. As indicated on the form, this request must be sent to the Office of Corporate Compliance at 1111 Marcus Avenue, Suite 107, New Hyde Park, NY 11042. You do not need to provide a reason for your request. We will comply with all reasonable requests. However, if we are unable to contact you using the requested means or locations, we may contact you using whatever information we have.

**Right to receive notice of a breach:** You have a right to be notified in the event of a breach of the privacy of your unsecured protected health information by Northwell or its business associates. You will be notified as soon as reasonably possible, but no later than 60 days following our discovery of the breach. The notice will provide you with the date we discovered the breach, a brief description of the type of information that was involved and the steps we are taking to investigate and mitigate the situation, as well as contact information for you to ask questions and obtain additional information.

**Right to a paper copy of this Notice:** Upon request, you may at any time obtain a paper copy of this Notice, even if you previously agreed to receive this Notice electronically. To request a copy, please contact the Office of Corporate Compliance at (800) 894-3226 or ask the registrar/receptionist for one at the time of your next visit.

**Availability of Language Assistance Services:** Northwell provides free language services to people whose primary language is

not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Center for Advancing Health for All at (516) 881-7004. For more information, please visit <https://www.northwell.edu/privacy-policies-disclaimers/noticenon-discrimination-and-accessibility>

**How to file a privacy complaint:** If you believe that your privacy rights have been violated, you may contact us by telephone, submit a written complaint through our web-based reporting, or file a written complaint with us at the address below:

Corporate Compliance Privacy Officer  
1111 Marcus Avenue, Suite 107, New Hyde Park,  
NY 11042  
Compliance Helpline: (800) 894-3226  
Web-based reporting: [www.northwell.edu/ComplianceHelpLine](http://www.northwell.edu/ComplianceHelpLine)

**You will not be retaliated against or denied any health services if you file a complaint:** If you are not satisfied with our response to your privacy complaint or you otherwise wish to file a complaint, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The complaint must be in writing, it must describe the subject matter of the complaint and the individuals or organization that you believe violated your privacy and it must be filed within 180 days of when you knew or should have known that the violation occurred. The complaint should be sent to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: (800) 368-1019 | Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov)

## Future changes to Northwell's privacy practices and this Notice

We reserve the right to change this Notice and the privacy practices of the organizations covered by this Notice without first notifying you. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. To request a copy of the most recent Notice, please contact Northwell's Office of Corporate Compliance at (800) 894-3226 or ask the registrar/receptionist for one at the time of your next visit. The current Notice will also be posted to the Northwell website, Northwell.edu. At any time, you may request a copy of the Notice currently in effect.

*Effective: September 1, 2016*

*Last Updated: February 16, 2026*

Enrollee's name: \_\_\_\_\_ (optional)

Drug and prescription number: \_\_\_\_\_ (optional)

## Medicare Prescription Drug Coverage and Your Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that's not on your plan's list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

### How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

- Be ready to tell your Medicare drug plan:
- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn't apply to you

Your Medicare drug plan will send you a written decision. If coverage isn't approved and you disagree with this decision, you have the right to appeal. The plan's notice will explain why coverage was denied and how to ask for an appeal.

### Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibilitynondiscrimination-notice](https://www.medicare.gov/about-us/accessibilitynondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRAReports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# Appendix

We're here to make your experience as seamless as possible. Please use the guidance below to determine and complete the forms specific to you.

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## All VIVOHealth Pharmacy Patients should complete:

- Acknowledgment of Receipt ([Page 41](#))

## If you are also a Medicare DME Patient, please complete these additional forms:

- Medicare DMEPOS Customer Service Agreement, Authorization for Payment and Release of Information Form ([Page 35](#))
- Medicare Capped Rental and Inexpensive or Routinely Purchased Items Form ([Page 36](#))
- Advance Beneficiary Notice of Non-coverage (ABN) Form ([Page 37](#))

## Optional Forms (for any VIVOHealth Pharmacy Patient):

- VIVOHealth Pharmacy Complaint Form ([Page 38](#))
- VIVOHealth Pharmacy Customer Satisfaction Survey ([Page 39](#))

## Medicare DMEPOS Customer Service Agreement, Authorization for Payment and Release of Information

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at CFAM</b><br/>450 Lakeville Road<br/>Lake Success, NY 11042</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Manhasset</b><br/>300 Community Drive<br/>Manhasset, NY 11030</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Staten Island</b><br/>475 Seaview Avenue<br/>Staten Island, NY 10305</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Home</b><br/>225 Community Drive Suite 140<br/>Great Neck, NY 11021</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Lenox Hill</b><br/>100 East 77th Street<br/>New York, NY 10075</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at South Shore</b><br/>301 East Main Street<br/>Bayshore, NY 11706</p> | <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Phelps</b><br/>777 North Broadway, Room 101<br/>Sleepy Hollow, NY 10591</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Rego Park</b><br/>95-25 Queens Blvd Suite, GFL03<br/>Rego Park, NY 11374</p> <p><input type="checkbox"/> <b>VIVOHealth Specialty Pharmacy</b><br/>225 Community Drive, Suite 100<br/>Great Neck, NY 11021</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at LIJ</b><br/>270-05 76th Avenue<br/>New Hyde Park, NY 11040</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy at Zucker Hillside Hospital</b><br/>75-59 263rd Street<br/>Glen Oaks, NY 11004</p> <p><input type="checkbox"/> <b>VIVOHealth Pharmacy Now</b><br/>40 Melville Park Road, Unit 1<br/>Melville, NY 11747</p> |
|--|--|

**Customer Name:** \_\_\_\_\_

**Primary Insurance Carrier:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

I request that payment of authorized Medicare/Medicaid or other private insurance benefits be made on my behalf for products/ services furnished by that supplier. I authorize as holder of medical information and records about me to release to the Center for Medicare and Medicaid Services (CMS), its Agents, third party payers or persons in the ordinary course of ensuring compliance with applicable quality of care, licensure, or accreditation standards and to other persons only as authorized by law any information needed to determine these benefits payable for related services. I understand that I am fully responsible for any expenses incurred as prescribed by my physician that are not covered by insurance.

In the event Medicare is the only type of insurance paying for this product(s), I understand that I am responsible for the 20% co-payment PLUS other financial responsibilities that may include: Annual deductibles (if not met), Rental/purchase price for equipment and/or supplies (if not covered by present insurance), If I receive payment directly from an insurance company for products provided by VIVOHealth Pharmacy, it is my responsibility to forward payments and statements of paid services to them.

I may request a detailed statement of my account at any time, by contacting VIVOHealth Pharmacy. I verify that I have received proper instructions regarding the safe operation, cleaning and maintenance of equipment provided and a copy of the manufacturer warranty information of items purchased. (If applicable)

I further verify that I have received information including a Customer Bill of Rights and Responsibilities, Medicare Supplier Standards (if applicable), Company contact information, Customer Satisfaction Survey, HIPAA Privacy Notice, Capped Rental Information (Medicare Rentals), Company Grievance Process, Home and equipment safety information, equipment cleaning instructions (if applicable), prevention of infection, emergency contact phone numbers, and the scope of services provided and associated fees. I understand my option to purchase or rent applicable DME items.

**Customer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship (if not customer):** \_\_\_\_\_ **Date** \_\_\_\_\_

## Medicare Capped Rental and Inexpensive or Routinely Purchased Items

I received instructions and understand that Medicare defines the \_\_\_\_\_ that I received as being either a capped rental or an inexpensive or routinely purchased item.

### \_\_\_\_\_ FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include:  
Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

### \_\_\_\_\_ FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include:  
Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), bed side rails, and traction equipment.

I select the:

**Purchase Option** \_\_\_\_\_

**Rental Option** \_\_\_\_\_

\_\_\_\_\_  
**Beneficiary Signature**

\_\_\_\_\_  
**Date**

A. Notifier: \_\_\_\_\_

B. Patient Name: \_\_\_\_\_

C. Identification Number: \_\_\_\_\_

### Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for **D.** \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

<p><b>G. OPTIONS: Check only one box. We cannot choose a box for you.</b></p>
<p><input type="checkbox"/> <b>OPTION 1.</b> I want the <b>D.</b> _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.</p> <p><input type="checkbox"/> <b>OPTION 2.</b> I want the <b>D.</b> _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.</p> <p><input type="checkbox"/> <b>OPTION 3.</b> I don't want the <b>D.</b> _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.</p>

**H. Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

## VIVOHealth Pharmacy Complaint Form

Customer Information	
Customer Name:	Date:
Address:	
Phone:	Email:
Contact Preference <input type="checkbox"/> Phone <input type="checkbox"/> Email	Best time to contact: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Complaint:	

VIVOHealth Pharmacy Use Only	
VIVOHealth Team Member Receiving Complaint:	Date:
<b>Resolution Actions(s) - A response is required within three business days</b>	
Manager Name:	Date of Written Response or Call:
Problem(s) or Questions reported by Customer:	
Were the above problem(s) and/or questions resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:	
If resolved, explain how:	
If unresolved, explain next steps:	
Signature of Person Completing Form:	Date:
Complaint Forwarded to Director/Administration: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Director/Administrator Use Only	
Director/Administrator's Name:	Date:
Type of Contact with Customer and Date: <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> In Person	
How was the complaint resolved:	
Director/Administrator Signature:	Date:

Please email to our VIVOHealth pharmacist at: [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com)

# VIVOHealth Pharmacy Customer Satisfaction Survey

Let us know how we're doing. Happy with your VIVOHealth experience? Want to suggest improvements? Either way, we'd love to hear from you.

Your opinion is very important to us, as is your privacy. All responses to this survey are anonymous and confidential.

Thank you for your time and for being a VIVOHealth Pharmacy customer!

Date: \_\_\_\_\_

1. How knowledgeable was the staff?

1      2      3      4      5

*Not knowledgeable at all*

*Extremely knowledgeable*

- |  |     |    |
|--|-----|----|
| 2. Were your medication(s), equipment, supplies dispensed correctly? | Yes | No |
| 3. Ready at time you requested?                                      | Yes | No |
| 4. Were you asked if you would like to talk to a pharmacist?         | Yes | No |
| 5. Was the staff courteous and helpful?                              | Yes | No |
| 6. Please share any additional comments or questions.                |     |    |

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7. Please rate your overall satisfaction

1      2      3      4      5

*Very Unsatisfied*

*Very Satisfied*

8. If you would like to be contacted regarding feedback, please leave your contact information below.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

9. What is your VIVOHealth Pharmacy location?

- VIVOHealth Pharmacy at CFAM**  
450 Lakeville Road  
Lake Success, NY 11042
- VIVOHealth Pharmacy at Home (Mail Order)**  
225 Community Drive  
Suite 140  
Great Neck, NY 11021
- VIVOHealth Pharmacy at Lenox Hill**  
100 East 77th Street  
New York, NY 10075
- VIVOHealth Pharmacy at LIJ**  
270-05 76th Avenue  
New Hyde Park, NY 11040
- VIVOHealth Pharmacy at Manhasset**  
300 Community Drive  
Manhasset, NY 11030
- VIVOHealth Pharmacy at Phelps**  
777 North Broadway  
Room 101  
Sleepy Hollow, NY 10591
- VIVOHealth Pharmacy at Rego Park**  
95-25 Queens Blvd  
Suite GFL03  
Rego Park, NY 11374
- VIVOHealth Pharmacy at South Shore**  
301 East Main Street  
Bayshore, NY 11706
- VIVOHealth Pharmacy at Staten Island**  
475 Seaview Avenue  
Staten Island, NY 10305
- VIVOHealth Pharmacy at Zucker Hillside Hospital**  
75-59 263rd Street  
Glen Oaks, NY 11004
- VIVOHealth Specialty Pharmacy**  
225 Community Drive  
Suite 100  
Great Neck, NY 11021
- VIVOHealth Pharmacy Now**  
40 Melville Park Road, Unit One  
Melville, NY 11747

*Thank you for taking the time to complete this survey. Your responses help VIVOHealth Pharmacy continuously improve.*

**Please return this form** and any additional questions, concerns, or further comments to our consumer advocacy representative at [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com), or visit your VIVOHealth Pharmacy location.

# Acknowledgment of Receipt

I have received the following information and documents: Locations, Hours of Operations, and Contact Information;

Customer Bill of Rights and Responsibilities; How To Report a Concern or Complaint; Notice of Privacy Practices; and Customer Satisfaction Survey. For Medicare DME patients, I have received the Customer Service Agreement, Authorization for Payment and Release of Information, Medicare Capped Rental and Inexpensive or Routinely Purchased Items, Advance Beneficiary Notice of Non-coverage (ABN).

**Please sign this form and return to VIVOHealth Pharmacy by emailing to [advocacy@vivohealthpharmacy.com](mailto:advocacy@vivohealthpharmacy.com)**

\_\_\_\_\_  
Patient/Agent/Relative/Guardian\* (Signature)      Date/Time      \_\_\_\_\_  
Print Name (and Relationship if Other Than Patient)

\_\_\_\_\_  
Telephonic Interpreter's ID No.

OR

\_\_\_\_\_  
Interpreter (Signature)      Date/Time      \_\_\_\_\_  
Print Interpreter's Name and Relationship to Patient

\_\_\_\_\_  
Witness to Signature (Signature)      Date/Time      \_\_\_\_\_  
Print Name

Please select your pharmacy location:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>VIVOHealth Pharmacy at CFAM</b><br>450 Lakeville Road<br>Lake Success, NY 11042                          | <input type="checkbox"/> <b>VIVOHealth Pharmacy at Manhasset</b><br>300 Community Drive<br>Manhasset, NY 11030              | <input type="checkbox"/> <b>VIVOHealth Pharmacy at Staten Island</b><br>475 Seaview Avenue<br>Staten Island, NY 10305        |
| <input type="checkbox"/> <b>VIVOHealth Pharmacy at Home (Mail Order)</b><br>225 Community Drive<br>Suite 140<br>Great Neck, NY 11021 | <input type="checkbox"/> <b>VIVOHealth Pharmacy at Phelps</b><br>777 North Broadway<br>Room 101<br>Sleepy Hollow, NY 10591  | <input type="checkbox"/> <b>VIVOHealth Pharmacy at Zucker Hillside Hospital</b><br>75-59 263rd Street<br>Glen Oaks, NY 11004 |
| <input type="checkbox"/> <b>VIVOHealth Pharmacy at Lenox Hill</b><br>100 East 77th Street<br>New York, NY 10075                      | <input type="checkbox"/> <b>VIVOHealth Pharmacy at Rego Park</b><br>95-25 Queens Blvd<br>Suite GFLO3<br>Rego Park, NY 11374 | <input type="checkbox"/> <b>VIVOHealth Specialty Pharmacy</b><br>225 Community Drive<br>Suite 100<br>Great Neck, NY 11021    |
| <input type="checkbox"/> <b>VIVOHealth Pharmacy at LIJ</b><br>270-05 76th Avenue<br>New Hyde Park, NY 11040                          | <input type="checkbox"/> <b>VIVOHealth Pharmacy at South Shore</b><br>301 East Main Street<br>Bayshore, NY 11706            | <input type="checkbox"/> <b>VIVOHealth Pharmacy Now</b><br>40 Melville Park Road, Unit One<br>Melville, NY 11747             |

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## Office Use Only

\_\_\_\_\_ Patient or patient representative refused to sign/accept Notice of Privacy Practices

\_\_\_\_\_ Patient unable to sign

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date/Time

*\*The signature of the patient must be obtained unless the patient is under the age of 18 or is incapable of signing.*