266 S. Harvard Bl., #120
(3rd St. & Harvard)
Los Angeles, CA 90004

Woori Pharmacy
우리약국

Tel: (213) 384-8763
Fax: (213) 384-6340
E-mail: wooripharmacyla@gmail.com

Dear Patient,

Welcome to Woori Pharmacy. We are excited about the opportunity to serve you for all of your pharmacy needs.

The staff at Woori Pharmacy understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically-trained pharmacists 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Compliance monitoring
- Free mailing of medication
- Training, Education and counseling
- Refill reminders
- Enrollment in the Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.

In addition, you can access our website at www.wooripharmacyla.com 24-hours a day for further information about the services we provide and your condition.

Our business hours are:

Monday through Friday 9:00 AM-7:00 PM PST

Saturday 9:00 AM- 3:00 PM PST

Phone: 213-384-8763

Fax: 213-384-6340

Email: wooripharmacyla@gmail.com

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing Woori Pharmacy.

Sincerely,

The Woori Pharmacy Team

What You Can Expect

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Woori Pharmacy our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

- ✓ ***Personalized patient care***
  Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.
- ✓ ***Collaboration with your Doctor***
  We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.
- ✓ ***Regular follow-up***
  Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.
- ✓ ***Benefits***
  Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.
- ✓ ***Delivery***
  We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address
- ✓ ***24/7 Support***
  Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

Financial Obligation and Financial Assistance

Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period.

Insurance claims

Staff will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue.

Co-payments

We are required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by credit card (Visa, MasterCard, and Discover) electronic checking account debit over the phone and by check or money order through the mail.

Co-pay Assistance Referral Program

We have access to financial assistance program to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

PATIENT RIGHTS AND RESPONSIBILITIES

Woori Pharmacy recognizes that patients have inherent rights.

Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the Pharmacist-in-Charge.

Patients and their families also have responsibilities while under the care of Woori Pharmacy in order to facilitate the provision of safe, high-quality health care for themselves and others.

The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

PATIENT RIGHTS

- To select those who provide you with DME and Pharmacy services.
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- To assist in the development and preparation of your plan of care that is designed to satisfy as best as possible your current needs, including management of pain.
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- To express concerns, grievances, or recommend modifications to your DME and Pharmacy services, without fear of discrimination or reprisal.
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy’s policies, procedures and charges.
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentially.

- To be given information as it relates to the uses and disclosure of your plan of care.
- To have your plan of care remain private and confidential, except as required and permitted by law.
- To receive instructions on handling drug recall.
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law.
- To receive information on how to access support from consumer advocates groups.
- To receive pharmacy health and safety information to include consumers rights and responsibilities.
- To know about philosophy and characteristics of the *patient management* program.
- To have *personal health information* shared with the *patient management* program only in accordance with state and federal law.
- To identify the *staff* member of the program and their job title, and to speak with a supervisor of the *staff* member if requested.
- To receive information about the *patient management* program.
- To receive administrative information regarding changes in or termination of the *patient management* program.
- To decline participation, revoke consent or dis-enroll at any point in time.

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- To participate in the development and updating of a plan of care.
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions.
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- To respect the rights of Pharmacy personnel.
- To notify your Physician and the Pharmacy with any potential side effects and/or complications.
- To notify Woori Pharmacy via telephone when medication supply is running low so refill maybe shipped to you promptly.
- To submit any forms that is necessary to participate in the program to the extent required by law.

- To give accurate clinical and contact information and to notify the *patient management* program of changes in this information.
- To notify their treating *provider* of their participation in the *patient management* program, if applicable.

If you have questions, concerns or issues that require assistance, please call 1-213-384-8763. Complaints will be forwarded to management and you will receive a response within 5 business days.

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.

We at Woori Pharmacy are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "Woori Pharmacy," "we," "us," and "our" include Woori Pharmacy and the members of its affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). Woori Pharmacy, its employees, workforce members and members of the Woori Pharmacy affiliated covered entity who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). The members of the Woori Pharmacy affiliated covered entity will share PHI with each other for the treatment, payment and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of Woori Pharmacy affiliated covered entity, please contact the Privacy Office.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you.

Woori Pharmacy is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive health care products and services from us. Upon request, we will provide any revised Notice to you.

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections. If you would like additional information about special state law protections, you may contact the Privacy Office or visit www.wooripharmacyla.com.

I. Uses and Disclosures Of PHI That Do Not Require Your Prior Authorization

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment and health care operations without your prior authorization as follows:

Treatment. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI with other third parties, such as hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.

Payment. We may use and disclose your PHI in order to obtain payment for the health care products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for health care products and services you need and to determine the amount of your co-payment. We will bill you or a third-party payor for the cost of health care products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.

Health Care Operations. We may use and disclose your PHI for our health care operations. Health care operations are activities necessary for us to operate our health care businesses. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also analyze PHI to improve the quality and efficiency of health care, for example, to assess and improve outcomes for health care conditions. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

We may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates. We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

To Communicate with Individuals Involved in Your Care or Payment for Your Care. We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will generally regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

Food and Drug Administration ("FDA"). We may disclose to persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's Compensation. To the extent necessary to comply with law, we may disclose your PHI to worker's compensation or other similar programs established by law.

Public Health. We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required or permitted by law – for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested

Research. We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations. Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Disaster Relief. We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

Fundraising. As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to "opt out" of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.

Correctional Institution. If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, PHI necessary for your health and the health and safety of other individuals.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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

National Security, Intelligence Activities, and Protective Services for the President and Others. We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

II. Uses and Disclosures of PHI that Require Your Prior Authorization

Specific Uses or Disclosures Requiring Authorization. We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights:

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Privacy Office.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

Inspect and obtain a copy of PHI. With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Office. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an accounting of disclosures of PHI. With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period.

Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the

Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach. You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

For More Information or to Report a Problem If you have questions or would like additional information about Woori Pharmacy privacy practices, you may contact our President and Privacy Officer, Angel Lee. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date This Notice is effective as of October 1, 2014.

Additional Information

Adverse Effects to Medication

If you are experiencing adverse effects to the medication please contact your Physician or Woori Pharmacy.

Drug Substitution Protocols

From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution.

Offer to Counsel

Patients and Caregivers have the right to be offered counseling for each prescription filled with Woori Pharmacy. Patients and Caregivers have the right to speak to a pharmacist at any time there are drug therapy questions. Counseling will cover information about dispensed medications, but is not only limited to medications dispensed by Woori Pharmacy. Woori Pharmacy complies will OBRA and Medicare requirements.

Complaints

Patients and Caregivers have the right to voice complaints and/or recommendation on services to Woori Pharmacy. Patients and caregivers can do so by phone. Fax, writing, email or web.

Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications please contact Woori Pharmacy for instructions or go to the below FDA websites for information and instructions

http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm

http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm

ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received the Welcome Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to:

Woori Pharmacy
266 S. Harvard Blvd. #120
Los Angeles, CA 90004

I confirm that I have received the Woori Pharmacy Welcome packet, which includes Hours of Operation, Contact Information, Pharmacy Offer to Counsel, Patient Bill of Rights and Responsibilities, Notice of Privacy Practices, Financial Obligation and Assistance Programs, and Complaint Process.

Name (Please Print) _____

Signature _____

Billing Address _____

City, State, Zip _____

Phone # _____

Date _____

Thank you for choosing Woori Pharmacy to service all of your pharmacy needs.