



*Encompass Fertility*

Your fertility journey guide

# Welcome

to dedicated support.

We want you to know that you'll never be alone on this journey. Our fertility team is always just a phone call away. We can review your therapy, answer your questions and provide support anytime you need it. We're available to talk with you day or night.



**Do this right away:** Please fill out, sign and return the form on pages 21-22.

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**This guide goes with your new fertility therapy. It introduces you to Encompass Fertility™\* and how we support you every moment of your journey.**

## ¿Español?

Si prefiere recibir este material en español, comuníquese con su equipo de expertos en fertilidad llamando a la línea gratuita que figura en la etiqueta de su receta.

# All-around support

## We help you with injection training.

We offer injection training by phone, in person at our Atlanta location or through online videos. You can choose the way that's right for you.

A wide range of injection training videos about the most commonly used fertility medications are always available at **EncompassFertility.com**. You can find helpful tips and resources there too.

## We help you get your medication on time.

We understand that timing is critical to your fertility therapy. We offer convenient delivery with next-day shipping most days at no extra cost.\*\*

## We help you with financial challenges, too.

Look to us for a full line of fertility therapies at competitive prices. We help you get the most from your insurance benefits. We also help you save with eligible manufacturer coupons, financing options and fertility savings programs.

We're here for you. **1-855-443-5357**

# Medication delivery and more

**Delivery times.** Regular delivery is Monday through Friday, but some shipments arrive on Saturday. Orders that need to be refrigerated arrive Tuesday through Friday.\*\*

**Delivery to remote areas.** In remote areas, deliveries may be as late as 9 p.m. Saturday delivery may not be available. Check delivery time with your fertility team when placing your order.

**Late or missing deliveries.** If you don't receive your medication on schedule, call us as soon as possible to avoid missing a dose.

**Receiving your shipment.** You or your insurance plan may require a signature for medication delivery. If that's the case, we can't leave your package at the door. Talk to your fertility team. They can help you set up a delivery time when you'll be home to sign for it.

**Change of address.** Please tell your fertility team if your address, phone number or delivery preference changes.

**Lower-cost generics.** Some states allow lower-cost generic medications. If your doctor prescribes a brand-name medication, we may call him or her to see if a generic is right for you. This helps make sure your medications are both cost effective and clinically effective.



# Safety & storage

Always handle your medication safely.

## Medication storage.

Keep all medications and supplies out of the reach of children and pets and away from other household or food items. If your medication needs to be kept in the refrigerator, put it on a clean shelf or in a drawer.

Source: Center for Disease Control and Prevention

## Waste disposal.

Do not flush unused medications or pour them down the sink. Utilizing local drug take-back programs is the best way to dispose of unwanted medications. Do not recap needles after injections. Keep a rigid, puncture-proof, leak-proof container close by for easy disposal of syringes and needles. Store the container upright and keep out of reach of children. When the container is full, seal the lid with tape or glue. To dispose of the container properly, follow your county or city regulations. Please do not send the container to Encompass Rx<sup>TM†</sup>. If you need more information about the

disposal of unused medications or of medical waste, consult your local Department of Public Health agency or call your pharmacy.

Source: U.S. Environmental Protection Agency

## Preventing infections.

Use soap and warm water to wash your hands. Rub your hands together for at least 20 seconds and scrub all surfaces. Rinse your hands under running water and dry your hands using a paper towel or air dryer. If you cannot find soap and water, clean your hands with an alcohol-based hand sanitizer. Rub the sanitizer all over your hands—this includes under your nails and between your fingers—until your hands are dry.

## Emergency preparation.

Take enough medication and supplies to last through the emergency. Store temperature-sensitive medication in an ice-filled ice chest, and when you can, let your fertility team know how to reach you.

# Patient rights & responsibilities

As an Encompass Rx™ patient, or as a parent or guardian of a minor who is an Encompass Rx™ patient, you have the right to:

1. Be fully informed of all your rights and responsibilities as a patient of Encompass Rx™, or the parent or guardian of a minor who is a patient of Encompass Rx™, and to exercise those rights.
2. Be treated with dignity and respect without discrimination on the basis of any factor for which discrimination is prohibited by law.
3. Choose health care providers.
4. Receive information necessary to give informed consent prior to the start of any procedure or treatment.
5. Receive information in a language or form you can understand.
6. Make informed decisions about and actively participate in the planning of your care.
7. Be informed about your illness and treatment, when and how services will be provided, the name and function of any person providing care and service, and the name of the person responsible for the coordination of your care.
8. Refuse treatment and to be informed of the consequences of your action.
9. Confidentiality and privacy in treatment and care, including confidential treatment of patient health information.
10. Be admitted for service only if Encompass Rx™ has the ability to provide safe and professional care at the level of intensity prescribed. You have the right to reasonable continuity of care and service provided by personnel who are qualified, through education and experience, to perform the service for which they are responsible.
11. Be informed within a reasonable time of anticipated termination of services or plans for transfer to another agency, and participate in that discharge or transfer process.
12. Participate or refuse to participate in experimental treatment and research with voluntary, informed consent documented without

jeopardizing access to care, treatment and services unrelated to research.

13. Issue voice complaints and grievances, suggest changes in service staff, and be informed of Encompass Rx™ procedures for registering complaints without reprisal, coercion, discrimination or unreasonable interruption in service and the right to have your complaint investigated.
14. Review your medical record.
15. Formulate advance directives and be aware that Encompass Rx™ will honor those directives.
16. Participate in the consideration of ethical issues in your care.
17. Be advised of the availability of the toll-free state home health hotline.
18. Refuse disclosure of your Protected Health Information (PHI) to accrediting organizations for the purposes of quality management. To refuse disclosure of specialty pharmacy information and your PHI, please call the toll-free phone number of the pharmacy listed on your prescription label.
19. Be informed of the identity and job title of the staff members of the pharmacy providing services to you, and to speak to a supervisor of the staff member if requested.
20. Have cultural and personal values, beliefs and preferences respected.
21. Have a surrogate decision-maker whose decisions regarding care, treatment and services are respected, including the right to refuse care, treatment and services on your behalf, in accordance with law and regulation.
22. Give or withhold informed consent for Encompass Rx™ to produce or use recordings, films, or other images of you, for internal or external purposes.
23. Know about the philosophy and characteristics of the Encompass Rx™ patient management program.
24. Receive information about the patient management program.
25. Decline participation, revoke consent or disenroll in the patient management program at any time.
26. Speak to a health care professional.

**As an Encompass Rx™ patient, or as a parent or guardian of a minor who is an Encompass Rx™ patient, you have the responsibility to:**

1. Give accurate and complete health information concerning past illnesses, hospitalizations, medications, allergies and other pertinent information necessary for Encompass Rx™ to render appropriate services.
2. Assist in developing and maintaining a safe environment to give self treatments according to infection control guidelines.
3. Advise Encompass Rx™ pharmacy staff about any change in physicians or in medical condition.
4. Inform the staff at Encompass Rx™ at least 24 hours in advance when you will not be able to keep a scheduled appointment.
5. Participate in the development and update of your plan of care.
6. Request further information concerning anything you do not understand.
7. Advise Encompass Rx™ if you are not willing to follow your established care plan/services and accept responsibility for those actions.
8. Follow the plan of care and clinical instructions and use equipment and supplies as prescribed by the physician.
9. Give information regarding concerns and problems you have to a staff member.
10. Advise Encompass Rx™ about any changes in your insurance benefits, employment status or employer.
11. Fulfill financial obligations for services.
12. Treat Encompass Rx™ employees with courtesy and respect.
13. Notify your treating provider of your participation in the patient management program.



# Notice of privacy practices

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

This Notice of Privacy Practices (the “Notice”) describes the privacy practices of ProCare Pharmacy, L.L.C. d/b/a Encompass Rx, a CVS Health company (“CVS Health”) and the members of its Affiliated Covered Entity (“CVS ACE”). An Affiliated Covered Entity is a group of Covered Entities and Health Care Providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The members of the CVS ACE will share Protected Health Information (“PHI”) with each other for the treatment, payment, and health care operations of the CVS ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the CVS ACE, please contact the CVS Health Privacy Office.

PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and contact

information, as well as information about your health, medical conditions and prescriptions. It may relate to your past, present or future physical or mental health or condition, the provision or health care products and services to you, or payment for such products or services.

We are required by law to protect the privacy of your PHI and to provide you with this Notice explaining our legal duties and privacy practices regarding your PHI. This Notice describes how we may use and disclose your PHI. We have provided you with examples; however, not every permissible use or disclosure will be listed in this Notice. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI. We and our employees and workforce members are required to follow the terms of this Notice or any change to it that is in effect. We are required to follow state privacy laws when they are stricter (or more

protective of your PHI) than the federal law. Note that some types of sensitive PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to additional confidentiality protections under state or federal law. If you would like additional information about state law protections in your state, or additional use or disclosure restrictions that may apply to sensitive PHI, please contact the CVS Health Privacy Office.

### Uses and disclosures of your PHI for treatment, payment and health care operations

We may use and disclose your PHI for treatment, payment and health care operations without your written authorization. The following categories describe and provide some examples of the different ways that may use and disclose your PHI for these purposes:

**Treatment:** We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive. For example, we may:

- Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at CVS Health.
- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals, or other health

care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.

- Contact you to provide treatment-related services, such as refill reminders, adherence communications, or treatment alternatives (e.g., available generic products).

**Payment:** We may use and disclose your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescriptions dispensed to you at CVS/Pharmacy or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

**Health care operations:** We may use and disclose your PHI for health care operations – those activities necessary to operate our health care business. For example, we may:

- Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints, and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for CVS Health patients.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.
- Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

#### Other uses and disclosures of your phi that do not require authorization

We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

**Business associates:** When we contract with third parties to perform certain services for us, such as billing or consulting, these third party service providers, known as Business Associates, may need access to your PHI to perform these services. They are required by law and their agreements with us to protect your PHI in the same way we do.

**Individuals involved in your care or payment for your care:** We may disclose your PHI to a friend, personal representative, family member, or any other person you identify as a caregiver, who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by CVS Health. Upon your death, we may disclose your PHI to an administrator, executor, or other individual authorized under law to act on behalf of your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

**Workers' compensation:** We may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.

**Law enforcement:** We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant, or other similar written request from law enforcement officials.

**Required by law:** We will disclose your PHI when required to do so to comply with federal, state or local law.

**Judicial and administrative proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Public health and safety purposes:** We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to: prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

**Health oversight activities:** We may disclose your PHI to an oversight agency for certain activities including audits, investigations, inspections, licensure or disciplinary actions, or

civil, administrative, and criminal proceedings, and as necessary for oversight of the health care system, government programs, or compliance with civil rights laws.

**Research:** Under certain circumstances, we may use or disclose your PHI for research purposes. 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 and there is an established protocol to ensure the privacy of your information.

**Coroners, medical examiners and funeral directors:** We may disclose PHI to coroners, medical directors, or funeral directors so that they can carry out their duties.

**Organ or tissue donation:** We may disclose your PHI to organ procurement organizations.

**Notification:** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition, or death.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

**Specialized government functions:** We may disclose your PHI to authorized federal officials for the conduct of military, national security activities and other specialized government functions.

### Uses or disclosures for purposes that require your authorization

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

- Use or disclose your PHI for marketing purposes.
- Sell your PHI to third parties (except for in connection with the transfer of a business to another health care provider required to comply with HIPAA).
- Share psychotherapy notes (to the extent we have any).

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 your authorization at any time by submitting a written notice to the CVS Health Privacy Office. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

### Your health information rights

**Written requests and additional information:** You may request additional information about CVS Health's privacy practices or obtain forms for submitting written requests by contacting the **CVS Health Privacy Officer:** CVS Health Privacy Office, One CVS Dr., Woonsocket RI 02895 or toll-free by telephone at (866) 443-0933. You can also visit <https://www.encompassrx.com/> to obtain the forms to submit written requests.

**Obtain a copy of the notice:** You have the right to obtain a paper copy of our current Notice at any time. You may do so by going to the site where you obtain health care services from us or by contacting the CVS Health Privacy Office.

**Inspect and obtain a copy of your PHI:** With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically. To inspect or obtain a



copy of your PHI, submit a written request to the CVS Health Privacy Office. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

**Request an amendment:** If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. For example, if your date of birth is incorrect, you may request that the information be corrected. To request an amendment, submit a written request to the CVS Health Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide with you a written explanation of why we denied it.

**Receive an accounting of disclosures:** You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment, or health care operations. Please note that certain other disclosures need not be included in the accounting

we provide to you. To obtain an accounting, submit a written request to the CVS Health Privacy Office. We will provide one accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

**Request confidential communications:** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to the CVS Health Privacy Office. Your request must state how, where, or when you would like to be contacted. We will accommodate all reasonable requests.

**Request a restriction on certain uses and disclosures:** You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the CVS Health Privacy Office. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out payment or health care operations, is not otherwise required

by law, and the PHI is related to a health care item or service for which you, or a person on your behalf, has paid in full out-of-pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy.

**Notification of breach:** You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

#### To report a problem

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint with the CVS Health Privacy Officer or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized or otherwise retaliated against in any way for filing a complaint.**

#### Changes to this notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, CVS will provide a revised Notice to you. We will also post the revised Notice in our retail stores and on our website at <https://www.encompassrx.com/> and will make copies available at our facilities and locations where you receive health care products and services from us.

**Effective Date:** This Notice is effective as of October 30, 2019.

# Nondiscrimination and accessibility notice (ACA § 1557)

Encompass Rx™ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Encompass Rx™ does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Encompass Rx™:

- Provides certain aids and services, free of charge, when necessary so that people with disabilities have an equal opportunity to communicate effectively with us, such as:
  - Auxiliary aids and services
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Care at 1-855-443-5357. TTY users should call 711.

If you believe that Encompass Rx™ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Encompass Fertility  
2700 Northeast Expressway NE, Suite B800  
Atlanta, GA 30345  
1-855-443-5357

**Fax:** 1-844-364-9364

You can file a grievance by mail, or by fax. If you need help filing a grievance, the Encompass Rx™ Grievance Department's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building  
Washington, DC 20201

**Phone:** 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

## Get help in other languages

If you need help or speak a non-English language, call 1-855-443-5357 (TTY: 711) and you will be connected to an interpreter who will assist you at no cost.

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-443-5357 (TTY: 711).

### Spanish

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-855-443-5357 (TTY: 711).

### Chinese

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-855-443-5357 (TTY: 711)。

### Vietnamese

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-866-322-0984 (TTY: 711).

### Korean

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-855-443-5357 (TTY: 711) 로 연락주시기 바랍니다.

### Tagalog

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-855-443-5357 (TTY: 711).

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-866-322-0984 (телетайп: 711).

### Arabic

خدمات المساعدة اللغوية مجاناً أجلك. اتصل بالرقم 1-866-322-0984 (من الهاتف النصي: 711).  
ملاحظة: إذا كنت تتحدث العربية، تتوفر



### French creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-443-5357 (TTY: 711).

### French

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-855-443-5357 (TTY: 711).

### Polish

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-855-443-5357 (TTY: 711).

### Portuguese

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-855-443-5357 (TTY: 711).

### Italian

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-855-443-5357 (TTY: 711).

### Japanese

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-855-443-5357 (TTY: 711)までお問い合わせ下さい。

### German

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-855-443-5357 (TTY: 711) kostenlos zur Verfügung.

### Farsi

بصورت رایگان برای شما فراهم می باشد. با 1-866-322-0984 (TTY: 711) تماس بگیرید. تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی

Avoid missing a dose.  
Fill out, sign and return  
the form on the following  
pages today.

By signing this form, you give us permission to get the  
information we need to fill your prescriptions.

**Section A: Pharmacy Patient Information**

Pharmacy Patient Name: \_\_\_\_\_

Pharmacy Patient Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ Primary Cardholder ID Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_ Pharmacy Patient Social Security Number: \_\_\_\_\_

**Section B: Information about Me that May Be Used and/or Disclosed**

The Personal Health Information about me that may be used and/or disclosed includes, but is not limited to, any information held by Encompass Rx™ for any time period about my:

- Treating providers of care (e.g., pharmacies, prescribing physicians);
- Prescription records (e.g., drug names, dispensing dates, costs);
- Demographic information (e.g., address);
- Eligibility information (e.g., dates of coverage, deductibles).
- Other specific information: \_\_\_\_\_

**Section C: Purpose**

This authorization is made at my request OR other purpose: \_\_\_\_\_

Person or entity authorized to receive and use personal health information about me:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Me: \_\_\_\_\_

**Section D: Expiration and Revocation**

This authorization will automatically expire: (1) one year after (date) OR (2) if no date is specified in (1) one year following the termination of my participation in a pharmacy benefit plan or drug discount card, as applicable, managed by Encompass Rx™.

I understand that I have the right to revoke this authorization at any time, but that my revocation will not apply to any action that Encompass Rx™ has already taken in reliance on this authorization prior to receipt of my revocation. I understand that in order to revoke this authorization, I must send a written notice of revocation to the Encompass Rx™ contact listed below:

**Contact Information: Encompass Fertility™, 2700 Northeast Expressway NE, Suite B800, Atlanta, GA 30345****Section E: Signature/Authorization**

I understand that the information used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy law. I acknowledge that my authorization is voluntary. I understand that Encompass Rx™ may not condition any treatment, payment, enrollment or eligibility for benefits on whether I sign this form.

I have had full opportunity to read and consider the content of this Authorization Form. I understand that, by signing this form, I am authorizing Encompass Rx™ to use and/or disclose my personal health information as described in Section B above to the person or entity named in Section C for the purposes described above.

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

Note: If signed by someone other than the above-named pharmacy patient, please describe your legal authority to act on behalf of the pharmacy patient and, if applicable, attach support legal documentation.

**PLEASE RETURN THE SIGNED AUTHORIZATION FORM TO THE CONTACT PERSON LISTED IN SECTION D. YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION FORM AFTER YOU SIGN IT.**

## Sección A: Información del Paciente de Farmacia

Nombre del Paciente de Farmacia: \_\_\_\_\_

Fecha de Nacimiento del Paciente de Farmacia: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

Número Telefónico: \_\_\_\_\_ Número de ID del Tarjeta-habiente Primario: \_\_\_\_\_

Dirección de Correo Electrónico (opcional): \_\_\_\_\_

Número del Seguro Social del Paciente de Farmacia: \_\_\_\_\_

## Sección B: Información acerca de Mí que se pueda Usar y/o Compartir

La Información de Salud Personal acerca de mi persona que se pueda usar y/o compartir incluye, pero no se limita a, cualquier información retenida por Encompass Rx™ durante cualquier periodo de tiempo acerca de:

- Mis proveedores del cuidado del tratamiento (farmacias, médicos que recetan el medicamento, etc.);
- Mi récord de las recetas (nombres del medicamento, fechas en que se proveyó, costos, etc.);
- Mi información demográfica (dirección, etc.);
- Mi información de elegibilidad (fecha de cobertura, deducibles, etc.).
- Otra información específica: \_\_\_\_\_

## Sección C: Propósito

Esta autorización se hace bajo mi solicitud. O con otro propósito: \_\_\_\_\_

Persona o entidad autorizada para recibir y usar la información de salud personal acerca de mí:

Nombre: \_\_\_\_\_ Número Telefónico: \_\_\_\_\_

Dirección: \_\_\_\_\_

Relación Conmigo: \_\_\_\_\_

## Sección D: Vencimiento y Revocación

Esta autorización automáticamente va a vencer: (1) un año después de (fecha) O (2) si no se especifica la fecha, en un (1) año siguiente a la terminación de mi participación en un plan de beneficios de farmacia o tarjeta de descuento para medicamentos, como corresponda, administrado por Encompass Rx™.

Comprendo que tengo el derecho de revocar esta autorización en cualquier momento, pero que mi revocación no se aplicará a cualquier medida que Encompass Rx™ ya haya tomado basándose en esta autorización antes de que reciba mi revocación. Comprendo que con el propósito de revocar esta autorización, debo enviar un aviso por escrito de la revocación a la información de contacto de Encompass Rx™ mencionada abajo:

Información de Contacto: Encompass Fertility™, 2700 Northeast Expressway NE, Suite B800, Atlanta, GA 30345

## Sección E: Firma / Autorización

Comprendo que la información usada y/o compartida de acuerdo con esta autorización puede ser compartida de nuevo por el recipiente y posiblemente ya no sea protegida por la ley federal de privacidad. Reconozco que mi autorización es voluntaria. Comprendo que Encompass Rx™ no pondrá esto como condición para el tratamiento, el pago, registro, o elegibilidad para los beneficios si firmo o no este formulario.

Se me ha dado toda la oportunidad de leer y considerar el contenido de este Formulario de Autorización. Comprendo que al firmar el mismo, autorizo a Encompass Rx™ para que use y/o comparta mi información personal de salud, como se describió en la Sección B, arriba, con la persona o entidad nombrada en la Sección C, para los propósitos arriba mencionados.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nota: Si es firmado por alguien a diferencia del paciente de farmacia arriba mencionado, por favor, describa su autoridad legal para actuar a nombre del paciente de farmacia y, si corresponde, anexe el documento legal que lo respalde.

**POR FAVOR, REGRESE EL FORMULARIO DE AUTORIZACIÓN FIRMADO A LA PERSONA DE CONTACTO QUE SE MENCIONA EN LA SECCIÓN D. USTED TIENE EL DERECHO DE RECIBIR UNA COPIA DE ESTA AUTORIZACIÓN DESPUÉS QUE LA FIRME.**

# Customer care

## Quality and care

If you have concerns about your care, please contact us at 1-855-443-5357.

### Returns

Encompass Rx™ follows your doctor's order carefully. You cannot return or exchange medications after they have been sold to you. Be sure to tell us the exact amount you have on hand when you schedule your next order. We cannot give credit for medication you do not use. Make sure you follow the treatment plan that your doctor gave you.

Quality and care are important to us. If you have a comment or concern about the services you receive from Encompass Rx™, you can call The Accreditation Commission for Health Care (ACHC) at 1-855-937-2242 or The Joint Commission at 1-800-994-6610, or write to:

The Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181





We're here for you.

1-855-443-5357 | [EncompassFertility.com](https://EncompassFertility.com)

\*Encompass Fertility™ is a division of ProCare Pharmacy, L.L.C. d/b/a Encompass Rx™

\*\*Orders requesting overnight shipping that are placed on Friday will arrive on Saturday and incur a \$35 delivery fee. Orders are not shipped on Saturday or Sunday. Orders are not delivered on Monday except non-refrigerated items.

†Encompass Rx™ refers to ProCare Pharmacy, L.L.C. d/b/a Encompass Rx™.

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