SPECIALTY PHARMACY
PROGRAM

TAYLOR'S
PHARMACY
SINCE 2020

WELCOME TO TAYLOR'S SPECIALTY PHARMACY

PERSONALIZED CARE.
TRUSTED SUPPORT.
EVERY STEP OF YOUR THERAPY.

WELCOME

Specialty Care You Can Trust

Taylor's Pharmacy provides personalized specialty pharmacy services focused on **patient safety, clinical support, and continuity of care.**

Our team is committed to helping you achieve optimal therapeutic outcomes through coordinated care, education, and ongoing support.
Thank you for choosing Taylor's Pharmacy.

OUR SERVICES

Specialty Care Pharmacy Support

We serve patients throughout New York State, including Nassau County and surrounding areas, and are licensed to dispense and deliver medications across the greater New York City area.

- Individualized care from trained pharmacists and support staff
- Insurance coordination and financial assistance guidance
- Refill reminders and therapy follow-ups
- 24/7 clinical access to pharmacists
- Free medication delivery, including cold-chain medications

Patients may periodically be invited to participate in satisfaction surveys to help improve services.

CONTACT & HOURS

How to Reach Us

Clinical support is available
24 hours a day, 7 days a week.

PHONE
516-226-3755

FAX
516-226-3754

TOLL FREE
855-829-7979 (TAY-RXRX)

EMAIL
taylorspharmacyny@gmail.com

ADDRESS
1 Northern Blvd,
Great Neck, NY 11021

Hours of Operation

Monday – Friday	9:00 AM – 6:00 PM
Saturday & Sunday	10:00 AM – 4:00 PM

HOLIDAY CLOSURES:
New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day

WHEN TO CONTACT THE PHARMACY

Communication Supports Safe Care

Patients are encouraged to contact the pharmacy for:

- Medication questions or concerns
- Suspected side effects or allergic reactions
- Changes in medication usage
- Updates to contact or delivery information
- Refill requests or order status inquiries
- Insurance or payment changes
- Pricing or savings program questions
- Prescription transfers

Timely communication supports accurate therapy management.

PATIENT MANAGEMENT PROGRAM

Coordinated Specialty Care Program

All specialty patients are enrolled in a pharmacist-led Patient Management Program to support safe and effective therapy.

Program Services

- Medication review and education
- Drug interaction and allergy screening
- Ongoing clinical monitoring
- Individualized care planning
- Educational resources

Participation is voluntary and may be declined at any time.

Member Notice

We coordinate closely with your healthcare provider to ensure therapeutic goals are achieved.

FINANCIAL INFORMATION & REFILLS

Financial Transparency

Patients are informed in advance of

- Deductibles, copays, and coinsurance
- Insurance claim submission status
- Cash pricing upon request

Assistance with financial programs is provided when available.

Refill Process

- Prescriptions may be sent by your doctor or provided directly to the pharmacy.
- We will contact you 5–7 days before your medication is due for a refill.
- Refills are shipped only after we receive your confirmation.
- If you do not hear from us, please contact the pharmacy to arrange your refill and avoid delays.

DELIVERY, TRANSFERS & SUBSTITUTIONS

Medication Access

- Free delivery or pharmacy pickup.
- Only authorized individuals may receive medications.
- Report delivery concerns within **one business day**.

Prescription Transfers

- Transfers available upon patient request.
- **Patients notified if transfer of care is required.**

Drug Substitutions

Generic alternatives may be dispensed for insurance or cost reasons; patients are notified in advance.

MEDICATION SAFETY & DISPOSAL

Safe Disposal

Unused or expired medications should be:

- Returned to medication take-back programs
- Mixed with coffee grounds or cat litter, sealed, and discarded

Sharps must be placed in approved sharps containers.

Drug Recalls

Patients will be notified of recalls, and alternatives will be arranged promptly.

ADVERSE REACTIONS & MEDICATION CONCERNS

Adverse Reactions

Some side effects may occur when starting a new medication.

If you experience any unexpected symptoms or feel unwell, please contact us or your healthcare provider right away.

Medication Concerns

We carefully review all prescriptions to ensure safety and accuracy.

If you notice a possible error or have any concerns about your medication, please contact us at **855-829-7979** to **speak with a member of our team**.

For Emergencies
DIAL 911

EMERGENCY & DISASTER PREPAREDNESS

Continuity of Care

We maintain an emergency preparedness plan to support uninterrupted access to medications.

- We may contact patients **3-5 days** in advance of anticipated emergencies.
- Please notify us if you are expecting an emergency or evacuation.

Medication Access

- Courier or next-day delivery
- Prescription transfer if delivery is not possible

Critical Emergency Guidance

- Follow local emergency guidance or go to the nearest hospital if pharmacy is unreachable.
- **If you are at risk of running out of medication during an emergency, call 911 or go to the nearest emergency room.**

INFECTION CONTROL

Patient Safety & Hand Hygiene

Taylor's Pharmacy follows infection prevention practices to reduce illness transmission.

Hand hygiene should be performed:

- ☐ Before eating or food preparation
- ☐ Before/after caring for someone ill
- ☐ Before/after wound care
- ☐ After restroom use
- ☐ After coughing or sneezing
- ☐ After contact with animals or garbage

Standard Handwashing

"Hand washing is the single most important way to prevent the spread of infection."

Use alcohol-based sanitizer when soap is unavailable.

SPECIALTY PATIENT RIGHTS & RESPONSIBILITIES

Specialty Patient Rights

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated.

- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI].
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate patient-centered care in accordance with physician’s orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Decline participation, or disenroll, at any point in time.

Specialty Patient Responsibilities

- Give accurate clinical/medical and contact information and provide notification of changes in this information.
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program.
- Submit forms that are necessary to receive services.
- Maintain any equipment provided.
- Notify the organization of any concerns about the care or services provided.

These shared responsibilities support safe, effective, and coordinated specialty care.

NOTICE OF PRIVACY PRACTICES EFFECTIVE March 24, 2026

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 describes the pharmacy's privacy practices and the rights you have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created, provide you with notice of the pharmacy's legal duties and privacy practices with respect to PHI, and notify you if you are affected by a breach of unsecured PHI.

This pharmacy is required to abide by the terms of the Notice currently in effect. For any uses or disclosures that are not listed below, the pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below.

The pharmacy reserves the right to change the pharmacy's privacy practices and this Notice. Revisions to the Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

How the Pharmacy May Use and Disclose Your PHI

The following is an accounting of the ways that the pharmacy is permitted, by law, to use and disclose your PHI.

Treatment:

We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Payment:

The pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Health Care Operations:

The pharmacy will use your PHI to conduct quality assessments, improvement activities, and evaluate the pharmacy workforce.

The pharmacy will make reasonable efforts to limit the use, disclosure, and request of PHI to the minimum necessary to accomplish the intended purpose.

THE FOLLOWING IS AN ACCOUNTING OF ADDITIONAL WAYS IN WHICH THE PHARMACY IS PERMITTED OR REQUIRED TO USE OR DISCLOSE PHI ABOUT YOU WITHOUT YOUR WRITTEN AUTHORIZATION.

Required by Law:

The pharmacy is required to use or disclose PHI about you as required and as limited by law.

Public Health Activities:

The pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability.

Abuse, Neglect or Domestic Violence:

The pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities:

The pharmacy may use or disclose PHI about you to a health oversight agency for oversight activities that it is authorized by law to conduct.

Judicial and Administrative Proceedings:

The pharmacy may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy.

Law Enforcement Purposes:

The pharmacy may disclose PHI about you to law enforcement officials for authorized purposes.

Deceased:

The pharmacy may disclose PHI about a deceased individual, or in anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Cadaveric Organ, Eye or Tissue Donation Purposes:

The pharmacy may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Research Purposes:

The pharmacy may use and disclose PHI about you for research purposes with a valid waiver of authorization from the research board. Otherwise, the pharmacy will request a signed authorization by the individual for all other research purposes.

Specialized Governmental Functions:

The pharmacy may use and disclose PHI for specialized governmental functions, such as military, national security, and presidential protective services.

Avert a Serious Threat to Health or Safety:

The pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Workers' Compensation:

The pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law. Disaster relief purposes: The pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Disaster Relief Purposes:

The pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Business Associates:

The pharmacy may disclose PHI about you to the pharmacy's business associates for services that they may provide to or for the pharmacy.

Individuals Involved in Your Care:

Unless you object, the pharmacy may disclose to your relative or close personal friend the PHI directly relevant to such person's involvement with your care or payment for your care. The pharmacy may use professional judgment in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, or other similar forms of PHI.

Certain types of health information, including but not limited to HIV-related information, mental health records, and substance use treatment records, may be subject to additional protections under New York State and federal law and will not be disclosed without specific authorization except as permitted by law.

Other Uses and Disclosures

The pharmacy may contact you for the following purposes:

Refill Reminders:

The pharmacy may contact you to remind you of your prescription upon such time they are ready to be refilled.

Information about Treatment Alternatives:

The pharmacy may contact you to notify you of alternative treatments and/or products.

Health related benefits or services:

The pharmacy may use your PHI to notify you of benefits and services the pharmacy provides.

For All Other Uses and Disclosures

The pharmacy will obtain a written authorization from you for any use or disclosure of PHI for marketing purposes, any sale of PHI, and any other use or disclosure not described in this Notice, and the pharmacy will only use or disclose PHI for those purposes pursuant to such an authorization. **You may revoke such an authorization in writing at any time**.

To revoke an authorization, please contact Taylor's specialty pharmacy at the address at the end of this Notice.

Your Health Information Rights

The following are a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI:

You have the right to request additional restrictions of the pharmacy's uses and disclosures of your PHI. The pharmacy is required to agree to a request to restrict disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and if the PHI pertains solely to a health care item or service for which you have paid the pharmacy in full. Otherwise, the pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, **Request for Restriction of Uses & Disclosures**, from the pharmacy and return the completed form to the pharmacy.

The right to have your PHI communicated to you by alternate means or locations:

You have the right to request that the pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the pharmacy to have an accurate address and home phone number in case of emergencies. The pharmacy will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, **Request for Alternative Arrangements for Confidential Communication**, from the pharmacy and return the completed form to the pharmacy.

Inspect and/or obtain a copy your PHI:

You have the right to request access and/or obtain a copy of your PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, **Request for Access to Records**, from the pharmacy and return the completed form to the pharmacy. There may be a reasonable cost-based charge for furnishing documents. You will be notified in advance of incurring such charges, if any.

Amend your PHI:

You have the right to request an amendment of the PHI the pharmacy maintains about you, if you feel that the PHI the pharmacy has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review.

If you wish to amend your PHI files, please obtain a form, **Request for Amendment to PHI**, from the pharmacy and return the completed form to the Pharmacy.

Receive an accounting of disclosures of your PHI:

You have the right to receive an accounting of certain disclosures of your PHI made by the pharmacy. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, **Request for Accounting of Disclosures**, from the pharmacy and return the completed form to the pharmacy. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

Receive additional copies of the Pharmacy's Notice of Privacy Practices:

You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a pharmacy workforce member and they will provide you with a copy.

Changes to the Notice of Privacy Practices

The pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the Notice in the pharmacy.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of HHS, or their designee.

How to File a Complaint:

- **With the Pharmacy:**
  Please contact Taylor's Specialty Pharmacy at the address provided at the end of this packet.
- **With ACHC:**
  Please call **(855) 937-2242**.
- **With the Secretary of HHS:**
  Please write to:
  U.S. Department of Health and Human Services (HHS)
  Office for Civil Rights (OCR)
  200 Independence Avenue, S.W.
  Washington, D.C. 20201

  Phone: **800-368-1019**
  Fax: **(214) 767-0432**

Complaint Portal: https://ocrportal.hhs.gov

The pharmacy will not take any adverse action against you as a result of your filing of a complaint.

Complaints concerning the practice of pharmacy may be filed with the:

- **New York State Board of Pharmacy Office**
  of the Professions Investigations
  1411 Broadway, 10th Floor New York, NY 10018
  (518) 474-3817, ext. 130
- **ACHC Accreditation:**
  Corporate ACHC Headquarters
  Accreditation Commission for Health Care
  139 Weston Oaks Ct., Cary, NC 27513
  Toll Free (855) 937-2242

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Toll Free 855-829-7979 (TAY-RXRX)
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