



LOMA LINDA UNIVERSITY

MEDICAL CENTER

Thank you for choosing Mountain View Pharmacy for your infusion and enteral needs.

Our pharmacists and technicians have extensive experience with home infusion and enteral therapies for both adult and pediatric patients. We utilize state of the art equipment in preparation of these therapies. Our expertise includes total parenteral nutrition (TPN), intravenous antibiotics, intravenous hydration, chemotherapy, and enteral nutrition.

All pharmaceuticals are compounded in our pharmacy and personally delivered to each patient. In addition, our professional staff is on call 24 hours a day.

For more information you may contact us at:

(909) 558-3088

Toll Free – (800) 321-0058

Or come by the pharmacy located at:

**11255 Mountain View Ave, Suite 7
Loma Linda, CA 92354**

Our hours: 8:00 am to 5:00 pm Monday through Friday.

It is our pleasure to serve you.



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Important Patient Information

Your Next Order

A pharmacy representative will call you for your next order (about one week before you need a refill). They will:

- Review your medications and ask about any changes
- Discuss when and where to send your medications.

If we do not reach you, we will leave a message. Please return our call as soon as possible (1-909-558-3088). This will help us to send your medication in time.

Your medications will be shipped to you at no extra cost. We will set up a delivery date based on when you need your medications. Once you receive your order, please open immediately and place refrigerated items in a properly refrigerated storage area toward the back of your current supply stock. This is to make sure that you use up old product before new product.

On-call services are available for urgent needs, 24 hours a day, 7 days a week. Pharmacists are available for urgent clinical questions, including those about side effects.

Important Health Information

You will receive printed medication information with your first order. If you have medication questions, please call and speak to one of our pharmacists.



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Frequently Asked Questions

- 1. How do I refill my medication?** A pharmacy staff member will call you to schedule your refill 7 to 10 days before you should run out of medication. Please inform us if you have had any changes to your insurance coverage, address, phone number, or changes to your medication regimen. Please don't hesitate to call us if you have any questions or if you have not heard from us 5 days before you run out of medication.
- 2. What if Mountain View Pharmacy is unable to fill my medication or I prefer to use a different pharmacy?** A pharmacy employee will let you know if we are unable to fill your medication. We will work to determine who can fulfill the order and direct the prescription to the appropriate pharmacy. If you prefer to use another pharmacy we will transfer the prescription to a pharmacy of your choice.
- 3. How much will my prescription cost?** Prescription cost varies depending on the medication you are receiving and your insurance. We understand medications can be expensive and we are committed to finding available copay assistance programs and other support and charitable organizations to help make these medications more affordable. If we are an out of network pharmacy, we will let you know how this affects the cost of your medication.
- 4. Do you accept my insurance?** Mountain View Pharmacy accepts most insurance, including Medicare and Medicaid.
- 5. How can I safely dispose of my medication?** You may take your medications to a medication drop off location. Visit dontrushtoflush.org (or call 916-706-3420) to find a location near you.
- 6. Will my medication be substituted?** Unless your doctor indicates "do not substitute", an interchangeable product might be dispensed if it will cost you less. Sometimes, this is dictated by your insurance. For example, if the generic originally covered by your insurance plan is no longer covered upon refill and a new generic is now requested, the pharmacy will let you know prior to filling the new medication.
- 7. How can I report complaints, concerns and suspected errors?** To report complaints and concerns please call the pharmacy at (909) 558-3088. If you do not feel that your complaint or concern was adequately addressed or if you would like access to patient advocacy support please contact Patient Relations at (909) 558-4647. You can also call the Department of Health Care Services at (888) 452-8609 or email at MMCDOmbudsmanOffice@dhcs.ca.gov.



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Disasters

If you need to leave your home because of a disaster, take enough medication and supplies with you to last through the disaster. For a medication that needs to be kept cool, place inside a waterproof bag in an ice chest with ice. Call us to reorder your medication as soon as possible.

Travel or Lost Medications

If you plan to travel or have lost your medications, call us and we will work with your insurance company to provide the medication you need.

Recalls

If a Class-I drug recall is issued by the FDA, we will review our records to identify patients taking the recalled product and contact them directly. The FDA has a Web site that lists all recalls: www.fda.gov/Safety/Recalls/default.htm. Or call them at (1-888- 463-6332)

Adverse Drug Reactions

If you believe you are experiencing an adverse drug reaction, please contact us, your physician or poison control (1-800-222-1222) immediately; or **if the reaction is severe, dial 911.**

Your Rights and Responsibilities

You have the right to:

1. As a patient of MVP, the patient has the right to:
 - Participate in, be informed about, and consent or refuse care in advance of and during treatment.
 - Be informed, both orally and in writing, in advance of care being provided.
 - Receive proper written notice, in advance, of a specific service being furnished, if the pharmacy believes the service may not be covered by the payer or in advance of the pharmacy reducing or terminating care.
 - Have access to and release of patient information and clinical records.
 - Be informed of patient rights under state law to formulate an Advanced Directive.
 - Free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the pharmacy or an outside entity.



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- Informed of the right to access auxiliary aids and languages services and how to access these services.
- Informed of and receive a copy of the pharmacy's policy for transfer and discharge.
- Informed of the toll-free home infusion hotline, its contact information, its hours of operation and its purpose.
- Choose a health care provider, including choosing an attending physician.
- Be informed, in advance of care/service being provided and their financial responsibility.
- 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.
- 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.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/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 client/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 client/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 care without discrimination 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.



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2. Patients receiving MVP services also have the right to be informed, in advance, of the right to:
 - Contact information for the department administrator, including name, business address and business phone number.
 - Contact information for accrediting body, e.g., ACHC to report complaints.
3. The patient's rights and responsibilities shall be reviewed with the patient at the initial visit prior to care being provided in a language the patient, or patient's caregiver, is able to understand.
 - If an interpreter is required, the clinician shall follow LLUMC policy M-113 for use of interpreters.
4. If the patient is a minor, the patient's rights and responsibilities shall be reviewed with the patient's parent, or legal guardian.
5. A copy of the patient's rights and responsibilities document will be provided to the patient and to any legal representative prior to care being provided. A copy will be provided to the patient's designated representative within 4 business days.
6. At the initial visit, the clinician shall provide written information concerning the use of Advance Directives prior to care being provided.

Your responsibilities are:

1. The patient and family/caregiver shall be informed, verbally and in writing at the time of admission, of the following responsibilities:
 - Remain under a physician's care while receiving care or services from MVP.
 - Provide a complete and accurate health history to plan and provide your care or treatment.
 - Notify MVP of any significant changes in your condition, which may require an unanticipated physician visit, urgent care visit, emergency room visit, or hospitalization.
 - Notify MVP of any changes in treatment made by the physician or change in your health status.
 - Provide MVP with all requested insurance and financial information/records and fulfill financial obligations to the provider in a timely manner.
 - Provide MVP with a copy of Advance Directives, Living Will, or Durable Power of Attorney for Health Care.
 - Sign, or have your legal representative sign, the required consents, and releases for insurance billing.
 - Allow MVP to act on your behalf in filing appeals of denied payment of service by third-party payers and to fully cooperate in such appeals.



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- Cooperate with your physician, nurse/therapist, and other caregivers, follow the physician's plan of care and provider instructions, and participate in your plan of care.
- Be available to MVP staff for home deliveries at reasonable times during normal business operating hours, and after hours only as necessary.
- Notify MVP if you are going to be unavailable for a delivery and accept the consequence for noncompliance or refusal of treatment.
- Treat MVP personnel with respect and dignity without discrimination as to color, religion, gender, or national or ethnic origin.
- Be respectful and show consideration of the rights of the care providers and providing agency and supply the care staff with a safe home environment in which your care can be provided.
- Inform MVP if you are unable to understand or follow the provider's written instructions and ask questions to help clarify the information.
- Identify a family member or substitute who will be available to assume a primary caregiver role when department staff are not in your home.
- Be informed, in advance of care/service being provided and their financial responsibility.
- 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.
- 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.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/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 client/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 client/patient record and of Protected Health Information.



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- 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 care without discrimination 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.
2. If the patient, family, or caregiver is unable to adhere to these responsibilities and the problem cannot be resolved, termination of services may be necessary.
 3. The patients' rights and responsibilities shall be reviewed with the patient at the initial visit prior to care being provided in a language the patient, or the patient's caregiver is able to understand.

It is our privilege to be a part of your health care team. Thank you for choosing Mountain View Pharmacy.