


# Patient Handbook

Important Information to Support Your Treatment Journey



Welcome to Orsini! We look forward to serving you. Please read through this handbook and keep it for the future, since it has important information about how we will work with you to manage your care.



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Orsini is accredited through ACHC, URAC, and NABP.



Mail Service  
Pharmacy  
Expires  
01/01/2027



Rare Disease  
Pharmacy Center  
of Excellence  
Designation  
Expires  
01/01/2027



Specialty  
Pharmacy  
Expires  
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Orsini Care Team

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# Welcome to Orsini

**Welcome to Orsini**, the specialty pharmacy dispensing your specialty medication. Thank you for trusting us to be part of your care team. We know that starting a new medication can bring questions and concerns but also hope. That's why everything we do is designed to support you—your needs, your preferences, and your health.

At Orsini, you are at the center of everything we do. Our team is here to support you with personalized service to make your treatment experience as smooth as possible. Our goal is to connect you quickly and seamlessly with your prescribed specialty medication by coordinating closely with your doctor and insurance provider. Our dedicated clinical team is also always available to you, to provide expert guidance, answer questions about your therapy, and support you throughout your treatment journey.

If you'd like to learn more, visit [www.orsini.com](http://www.orsini.com), or call us anytime. In addition to our regular business hours, a pharmacist is available on-call **24 hours a day, 7 days a week**.

**Hours of operation:** Monday-Friday, 8am-5:30pm Central

**Phone:** 1-800-410-8575

**Email:** [patientcare@orsinihc.com](mailto:patientcare@orsinihc.com)

If you are experiencing a medical emergency, please **call 9-1-1** immediately.

We're here for you whenever you need us—ready to support your treatment journey with care, compassion, and expertise.

Warmly,

**Your Orsini Care Team**

## How can Orsini support you?

- **24/7 access to a health professional** for questions, guidance, or reassurance—anytime you need it.
- **Clear help understanding your insurance coverage**, so you're never left guessing.
- **Support finding financial assistance**, when available, to reduce your out-of-pocket costs.
- **Timely refill reminders**, so you never miss a dose.
- **Discreet delivery** of your medications at the time and place that works best for you.
- **Online bill pay**, available through PatientWallet, to make payment simple.
- **Enrollment in our Patient Management Program**, which helps you:
  - Stay on track with your medication schedule.
  - Manage and reduce side effects.
  - Feel better throughout your treatment.
  - Understand your condition and connect with supportive resources.
- **Translation, interpreter, and telephone access services** at no extra cost—because communication should never be a barrier to care.

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# Orsini At-A-Glance

Orsini is a national specialty pharmacy that provides care to patients requiring specialty medications to treat complex and rare medical conditions. Unlike the corner pharmacy that you may use to access most other medicines, Orsini doesn't have a physical location that you can visit. Instead, we ship each prescription and refill directly to you, or to your provider, from our locations in Elk Grove Village, Illinois, and Columbus, Ohio.

## Our Mission: No Patient Left Behind™

Orsini partners with biopharma innovators, healthcare providers, and insurance companies to support you and your family in accessing your rare disease treatment. We strive every day to live up to the promise of our LIVE IT core values, which shape how we interact with each other and with you. These values drive our commitment to excellence, collaboration, and genuine care in every aspect of our work.

### LIVE IT Core Values



## How We Can Help You

Alongside the biopharma company that manufactures your specialty drug, Orsini has built a custom dispensing program designed to help you start and stay on your therapy.

The medicines we supply may be oral (such as a pill, tablet, or powder), inhaled (breathed in), injectable (a shot), infused (given in an IV bag), topical (applied on the skin), or administered in a more specialized way, depending on the specific medication and treatment needs. These complex medicines often require us to provide tailored support and care, such as working with your health insurance plan to see what your copay is, teaching you how to take the medicine the right way, and using specialized boxes to keep shipments at the right temperature. You can learn more about the health conditions we treat and the medicines we provide on our website. Navigate to "Therapeutic Areas" to view our Centers of Excellence or to "Therapies" to see our full list of medicines.

If you have questions or experience any issues with your therapy, please reach out to us via phone, email, or our website. Orsini's business hours are Monday-Friday, 8am-5:30pm Central, and an on-call pharmacist is available 24 hours a day, 7 days a week. If needed, we are happy to provide you with translation services, an interpreter, and/or telephone access services at no extra cost.

## Our Rare Disease Community Engagement

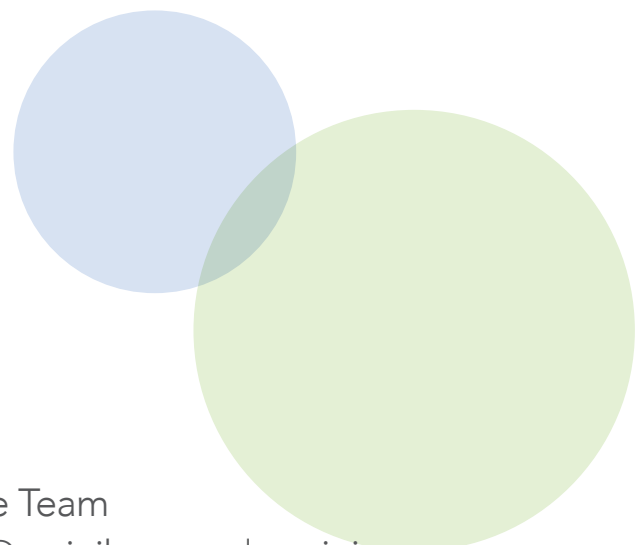
Each February, Orsini gathers to celebrate Rare Disease Day. We take the opportunity to raise awareness, celebrate resilience and inspiring stories within the rare disease community, remind ourselves of the importance of Orsini's mission, and give back to the patients we are so proud to serve.



In addition, we partner with a number of patient advocacy organizations representing a broad spectrum of rare diseases. We're involved in initiatives such as:

- Patient and provider events and conferences
- Fundraising events (e.g., walks, galas, golf tournaments, etc.)
- Patient educational webinars or live events

We know that advocacy groups are important resources for you, and we want you to have access to any organizations that could help you and your family on your journey. Feel free to contact us, and we'll be happy to help you identify and connect with organizations dedicated to your rare disease.



# There at Every Step: How Your Care Team Serves You

## What Happens When Your Prescription is Sent to Orsini



### Prescription Received

Your healthcare provider or patient services hub sends your prescription to Orsini.



### Patient Enrollment

Within 24 hours, Orsini reviews your prescription. If anything is missing, we contact your provider. Then, we enroll you in our system.



### Enrollment Confirmation

You receive an SMS text message once your enrollment is complete to confirm that we have your prescription and are working on it.



### Insurance Coverage

Once you are enrolled and we have everything needed, Orsini checks your insurance coverage and requests approval (called "prior authorization"), if needed.



### Refill Coordination

Orsini contacts you 7 to 10 days before your next refill is due, to coordinate shipment and ensure timely delivery.



### Medication Delivery

Your medicine is shipped overnight. If you signed up for text alerts, you receive a FedEx tracking link when it ships.



### Patient Call

Following pharmacist review, Orsini calls you again to schedule training on how to take your medication, if applicable, and coordinate your first shipment. We talk about financial help if needed.



### Pharmacist Review

After insurance approval, an Orsini pharmacist reviews your prescription to ensure we have everything we need to ship your medicine. If anything is missing, we may contact your provider.

## Dedicated Therapy Care Team

Orsini has a dedicated Therapy Care Team to work with patients taking the same medicine as you, and all members of your Therapy Care Team are specially trained in your condition and medication. When a prescription comes in or it's time for a refill, our Patient Care Coordinators contact you and your provider's office to make sure we have the information we need. They can answer your questions and will explain the right way to take and store your medicine. Our Care Team members will also check in with you at other times to see how you're doing.

Your Care Team will:

- Educate you about the medicine that's been prescribed for you.
- Review the other medicines you are taking to make sure your prescribed medicine may be taken with them.
- Work with you to schedule your medicine deliveries, so they arrive when and where you need them.
- Let you know the status of your medicine delivery.
- Talk to you about how your therapy is going.
- Connect you with a Pharmacist if you request to speak with one, if you experience issues of concern, or if you need to learn about your medicine.

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Remember, someone from our Clinician Team (Pharmacists, Nurses, and Pharmacy Technicians) is available to answer your questions 24 hours a day, 7 days a week, so never hesitate to give us a call.

## How to Fill a New Prescription at Orsini

Once you and your provider decide you'll be starting a specialty medicine, your provider usually sends us the prescription electronically or by fax. Orsini then works with you and your provider to obtain any other information we need to process the prescription as soon as possible. We also work with your insurance company to find out exactly what costs are covered and how much your copayment will be. Our staff will keep in touch with you and provide assistance along the way and then call you when it's time to set up your delivery.



For some specialty medicines, providers will send a prescription to a "patient services hub" rather than directly to Orsini. In this case, the hub may contact you directly for information. The hub helps process the prescription and can set up other services that you may need while you're taking the medicine, before forwarding the prescription to Orsini. We work collaboratively with the hub to fill the prescription as quickly and seamlessly as possible, and, once the prescription is processed, we call you to set up delivery of your medicine.

## Dedicated Reimbursement Specialists

Orsini has dedicated Reimbursement Specialists to help you get your medicines at the lowest possible cost. These Specialists:

1. Check to see exactly what costs your insurance plan covers.
2. Let you know what costs you need to pay (copayment).
3. Work on prior authorizations, when needed, and submit claim appeals to help you gain insurance coverage for your medicine, whenever possible.
4. Search for other financial assistance programs that you may be eligible for, if you need help paying for your medicine.

Orsini accepts credit cards, checks, and most flexible spending accounts (FSAs) as forms of payment. You can pay your bill through the mail or by visiting [orsini.patientwallet.com](https://orsini.patientwallet.com)

## Patient Management Program

Orsini's patient management programs help you manage side effects, take your medication as prescribed, and improve your overall health when you follow the treatment plan determined by you, your provider, and our pharmacy. If you are part of our patient management program, we'll monitor your medicines and progress through a plan that is developed for patients with your medical condition. This service is provided to you at no extra cost, and your participation is voluntary. If you no longer wish to participate in our patient management program, just contact our team by phone and let them know.

## There at Every Step (cont.)

### Access to Our Nursing Network

Some of the medications we dispense must be administered by a healthcare professional. If your medication can be given at home by a registered nurse, Orsini can connect you with a nurse through our nationwide network. Your Patient Care Coordinator will let you know if nursing support is required, and our nursing team will help arrange for a nurse to come to your home. Our nursing team can:

1. Locate a nursing professional in your area.
2. Make sure that the nurses who will take care of you have received training with your specific medicine.
3. Arrange the first nursing visit and give you information to schedule future visits.
4. Arrange for the nurse to contact you ahead of the first visit.

### Shipping and Logistics Team

Orsini has a dedicated Shipping and Logistics Team to handle the custom packing, shipping, and delivery needs for your medicine.

- Our team packages your medicine so that it stays at the right temperature during shipping, whether that's room-temperature, refrigerated, frozen, or ultra-cold.
- With certain medications, we also send you other supplies, such as syringes or a sharps container.
- Typically, our shipments are scheduled for delivery Tuesday-Friday. Some deliveries may be scheduled to arrive on a Saturday, but this requires advanced approval and isn't available for all addresses.
- An **adult signature is required for medication delivery** unless an alternative arrangement has been made (see below).
- We track your packages. If your order doesn't arrive on time, call us, and we'll investigate. You may also track your shipment at no cost using FedEx Delivery Manager.

### Adult Signature Required for Delivery of Your Medicine

We can deliver your medication anywhere in the United States—to your home, your workplace, your provider's office, a neighbor, or another address you choose—at no cost to you. Because the medication requires careful handling, it's shipped with an adult signature requirement to help ensure it arrives safely. We'll work with you to schedule each shipment so that it arrives at a time when someone can sign. If needed, your Patient Care Coordinator can discuss other options, like waiving the signature requirement and providing an alternative proof of receipt.

## When It's Time to Refill Your Prescription

We will contact you 5-7 days before your refill date via phone call or text message, whichever you'd prefer. If you'd like to contact us to request a refill, give us a call.

### Please contact us as soon as possible if:

- **You think you have a reaction or allergy to your medicine. If your reaction or allergy is a medical emergency, CALL 9-1-1 right away.**
- You have any questions or concerns about your medicine.
- Your medicine use has changed.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You need to reschedule or change your delivery.
- You have any questions or concerns about our pharmacy services.



# How We Protect Your Rights, Privacy, and Safety

## Safe Disposal, Less Misuse: How to Dispose of Your Medication Safely

When old prescriptions sit in our cabinets, they pose a risk of accidental ingestion or misuse—especially by children, teens, or even pets. Flushing them or tossing them in the trash can also contaminate our water supply and harm wildlife. By properly disposing of medications, you’re protecting your loved ones, your community, and the environment from:

- Poisoning
- Misuse
- Overdose

It’s a simple step that makes a big difference.

Learn more at [www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines#steps](http://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines#steps).



SCAN ME

### Option 1: Contaminate and throw away

Step 1	Step 2	Step 3	Step 4
			
<i>Mix with an unappealing substance.</i>	<i>Place in a sealed container.</i>	<i>Throw into household trash.</i>	<i>Scratch out personal information.</i>

**Option 2:** Bring unused or expired medications to an approved collection site. There are thousands of permanent drug disposal boxes located throughout the country. To find a nearby location, visit [safe.pharmacy/drug-disposal](https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines#steps) by scanning the QR code here. >



SCAN ME

**Option 3:** Check with your local waste collection service and police department to see if they host drug disposal events.

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## What to Do with Needles and Other Sharp Objects

We will send you a “sharps” container if you’ll be taking your medicine as an injection. After taking your shot, place all used needles, syringes, and other sharp objects into the sharps container to keep them away from others in your household. When the sharps container is almost full, simply mail it in the enclosed prepaid, pre-addressed return shipping carton. You may also search for other disposal options in your local community.

## Knowing Your Rights and Responsibilities

Orsini does not discriminate based on race, color, national origin, age, religion, creed, ability, marital status, English language proficiency, sexual orientation, sex, gender identity or expression, illness, or method of payment.

You have the right to voice complaints to Orsini and to give us recommendations about our services. You can contact us by phone, mail, or email, and we will address your concerns as soon as possible. While we strive to respond within 5 business of receiving a communication, depending on how we receive it, some responses may take up to 14 days.

Please feel free to ask someone on your Care Team if you have any questions about your rights and responsibilities, listed below.

### Your Rights - You have the right to:

1. Be fully informed in writing of these rights and responsibilities before or at the time of enrollment.
2. Be fully informed in advance about the care or services to be provided, including the scope of services, any specific limitations, the providers that furnish care, the frequency of visits, and any changes to your care plan, in terms you can understand.
3. Be informed of your rights under state law to formulate an advanced directive (which details your wishes about medical treatment), if applicable.
4. Choose a healthcare provider, if applicable.
5. Be referred to other healthcare providers, if desired.
6. Be informed of any financial benefits when referred to another organization or provider.
7. Make informed decisions regarding your care.
8. Agree to or refuse any part of the provided care plan, after the possible results of refusing care or treatment have been fully presented.
9. Know if medical treatment is for the purposes of a clinical study and consent or refuse to participate in such experimental research.
10. Be treated with respect and consideration.
11. Receive appropriate care in accordance with your provider’s orders.
12. Be free from mistreatment, neglect, and misappropriation of property, and from verbal, mental, sexual, and physical abuse.
13. Expect continuity of care and timely response to requests for care. (Orsini has a healthcare professional on call 24 hours a day.)

## How We Protect Your Rights, Privacy, and Safety (cont.)

14. Communicate and receive communication in your preferred language. (Translation services, an interpreter, and/or telephone access services are available at no extra cost.)
15. Be informed both verbally and in writing, before care is provided, of the anticipated charges for any care or service. This includes any services expected from third parties, any charges for which the you will be responsible, and the policy for submitting payments.
16. Assistance with financial aid programs and patient foundation support and outreach programs.
17. Expect all information contained in your records and all your protected health information (PHI) to be confidential and private.
18. Be fully informed of policies and procedures regarding the sharing of PHI.
19. Request, obtain, and review a copy of your medical records.
20. Have grievances and complaints investigated without restraint, interference, coercion, discrimination, fear of termination of your care plan, or other reprisal. These grievances may be regarding either treatment or care that is (or fails to be) furnished, or lack of respect of property.
21. Be able to identify visiting personnel through proper identification.
22. Be informed of your responsibilities.

### Your Responsibilities - You have the responsibility to:

1. Provide complete and accurate information regarding your medical history, current condition, recent hospitalizations, current or previous medicines, any payors that may cover care, and any additional financial information requested.
2. Participate in planning, evaluating, and revising your care plan as needed.
3. Adhere to your agreed-upon care plan as you understand it.
4. Ask questions about any part of your care plan that you do not understand.
5. Accept consequences if you refuse treatment or choose not to comply with your treatment plan, including changes in eligibility for reimbursement and/or worsening medical condition.
6. Arrange for supplies, equipment, medicines, and other services that Orsini cannot provide and that are necessary for your care and safety.
7. Safeguard your medicine and any other provided supplies and equipment from theft or damage.
8. Use your medicine and other provided supplies and equipment for the purposes for which they were prescribed, following the instructions provided for use, handling, storage, safety, and cleaning.



9. Be at home for scheduled medicine deliveries and/or nursing visits, or notify Orsini in advance to make alternate arrangements.
10. Supply Orsini with all insurance information necessary to obtain reimbursement for your medicine and the services we provide.
11. Fulfill all financial obligations to Orsini in a timely manner.
12. Notify Orsini of:
  - a. Equipment failure, damage, or a need of additional supplies.
  - b. Any change to your prescribed therapy, including a change of prescriber.
  - c. Any change in or loss of insurance coverage.
  - d. Any change of address or telephone number, whether permanent or temporary.
  - e. Any change(s) in your condition that may impact the care provided by Orsini or lead to a discontinuation of the prescribed specialty medicine.
13. Demonstrate consideration and respect for Orsini personnel when communicating with staff members.

## Additional Rights and Responsibilities

### **If you are in a Patient Management Program, you have the right to:**

1. Understand the philosophy and characteristics of the patient management program.
2. Have your PHI shared with the Patient Management Program only in ways that are compliant with state and federal laws.
3. Know the identity of the Program's staff members, including its manager or director, and be able to speak with a staff member's supervisor if requested.
4. Speak to a healthcare professional.
5. Receive information about the Patient Management Program.
6. Receive administrative information regarding changes in or the termination of the Patient Management Program.
7. Decline participation, revoke consent, or withdraw from the Program at any time.

### **If you are in a Patient Management Program, you have the responsibility to:**

1. Submit any forms that are necessary to participate in the Program, to the extent required by law.
2. Give accurate clinical and contact information and notify the Patient Management Program of changes in this information.
3. Notify the treating healthcare provider of your participation in the Patient Management Program.



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# How We Protect Your Rights, Privacy, and Safety (cont.)

## If you are a Medicare patient:

No matter how you get your Medicare, you have certain rights and protections designed to:

1. Protect you when you get care.
2. Make sure you get the healthcare services that the law says you can get.
3. Protect you against unethical practices.
4. Protect your privacy.

You have the right to:

1. Be treated with dignity and respect at all times.
2. Be protected from discrimination. Discrimination is against the law. Every company or agency that works with Medicare must obey the law and can't treat you differently because of your race, color, national origin, disability, age, or sex (or gender identity) information.
3. Have your personal and health information kept private.
  - a. If you have Original Medicare, see the "Notice of Privacy Practices for Original Medicare." You can view this notice in the "Medicare & You" handbook. Visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the handbook.
  - b. If you have a Medicare Advantage Plan (such as an HMO or PPO), another Medicare health plan, or a Medicare Prescription Drug Plan, read your plan materials.
4. Get information in a way you understand from Medicare, healthcare providers, and contractors.
5. Get clear and simple information about Medicare to help you make healthcare decisions, including:
  - a. What's covered.
  - b. What Medicare pays.
  - c. How much you have to pay.
  - d. What to do if you want to file a complaint or an appeal.
6. Get answers to your questions about Medicare. You can:
  - a. Visit [Medicare.gov](https://www.medicare.gov).
  - b. Call 1-800-MEDICARE (1-800-633-4227). Teletype (TTY) users can call 1-877-486-2048.
  - c. Call your State Health Insurance Assistance Program (SHIP). To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.
  - d. Call your Medicare Advantage Plan, another Medicare health plan, or a Medicare Prescription Drug Plan, if applicable.

## How We Protect Your Rights, Privacy, and Safety (cont.)

7. Have access to providers, specialists, and hospitals.
8. Both learn about your treatment choices in clear language that you can understand and participate in treatment decisions.
9. Participate fully in all your healthcare decisions. If you can't fully participate, ask a family member, a friend, or someone else you trust to help you decide what treatment is right for you.
10. Get healthcare services in a language you understand and in a culturally sensitive way. For information about getting healthcare services in languages other than English, visit [hhs.gov/ocr](https://www.hhs.gov/ocr). You can also get the phone number for your state's Office for Civil Rights by visiting [CMS.gov/about-cms/contact/database](https://www.cms.gov/about-cms/contact/database).
11. Get emergency care when and where you need it.
  - a. If your health is in danger because you have a bad injury, a sudden illness, or an illness that quickly gets much worse, CALL 9-1-1. You can get emergency care anywhere in the U.S.
  - b. To learn about emergency care in Original Medicare, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
  - c. If you have a Medicare Advantage Plan or other Medicare health plan, your plan materials describe how to get emergency care. You don't need permission from your primary care provider (the doctor you see first for health problems) before you get emergency care.
  - d. If you're admitted to the hospital, you, a family member, or your primary care provider should contact your plan as soon as possible. If you get emergency care, you'll have to pay your regular share of the cost (copayment). Then, your plan will pay its share. If your plan doesn't pay its share for your emergency care, you have the right to appeal.
12. Get a decision from Medicare, your Medicare Advantage Plan, your other Medicare health plan, or your Medicare Prescription Drug Plan about healthcare payment, coverage of services, or prescription drug coverage. When you request coverage for items or services, or when a claim is filed for items or services you received, your plan will let you know what it will and won't cover. If you disagree with this decision, you have the right to file an appeal.
13. Request a review (appeal) of certain decisions about healthcare payment, coverage of services, and prescription drug coverage. If you disagree with a decision about your claims or services, you have the right to appeal. For more information on appeals:
  - a. Visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals).
  - b. Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view or print the booklet "Medicare Appeals." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users can call 1-877-486-2048.
  - c. Read your plan materials, if you have a Medicare Advantage Plan, other Medicare health plan, or a Medicare Prescription Drug Plan.
  - d. Call your state's SHIP. To get the most up-to-date SHIP phone numbers, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.



14. File complaints (sometimes called “grievances”), including complaints about the quality of your care. You can file a complaint about services you received, concerns or problems you have in getting healthcare, or the quality of the healthcare you received.
  - a. If you have Original Medicare, call your Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). Visit [CMS.gov/about-cms/contact/database](https://www.cms.gov/about-cms/contact/database) or call 1-800-MEDICARE to get your BFCC-QIO’s phone number.
  - b. If you have a Medicare Advantage Plan, other Medicare health plan, or Medicare Prescription Drug Plan, call the BFCC-QIO, your plan, or both.
  - c. If you have End-Stage Renal Disease (ESRD) and have a complaint about your care, call the ESRD Network for your state. ESRD is permanent kidney failure that requires a regular course of dialysis or a kidney transplant. To get this phone number, visit [CMS.gov/about-cms/contact/database](https://www.cms.gov/about-cms/contact/database), or call 1-800-MEDICARE.

**For Medicare beneficiaries receiving a pump and ancillary supplies in addition to your medication** (also known as Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies, or DMEPOS): The products and/or services provided to you by Orsini are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be found at <http://www.ecfr.gov>. Upon request, we will send you a written copy of the standards.

## Understanding Our HIPAA Privacy Policy

***This notice describes the privacy practices of Orsini and its affiliates. It covers how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

### Our Privacy Obligations

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and by related (“implementing”) regulations to safeguard the privacy of your protected health information (PHI). We are also required by law to provide you with this Notice of Privacy Practices (or “Notice”) explaining our legal duties and privacy practices with respect to PHI. We are legally required to follow the terms of the version of this Notice currently in effect. In other words, we are only allowed to use and disclose medical information in the ways that we describe in this Notice.

We may change the terms of this Notice at any time. We reserve the right to make changes and to make the new Notice effective for all information that we maintain. If we make changes to the Notice, we will:

1. Post the new Notice in our waiting area and on our website.
2. Give you a copy of the new Notice if you request one from our Privacy Officer (information below).

## How We Protect Your Rights, Privacy, and Safety (cont.)

This Notice:

1. Discusses how we may use and disclose medical information about you.
2. Explains your rights with respect to medical information about you.
3. Describes how and where you may file a privacy-related complaint.

We are required by law to notify affected individuals following a breach of unsecured PHI.

### How We Can Use and Disclosure Your PHI Without Written Permission

This section discusses how your PHI may be used or disclosed without an authorization. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronically, or in another form and may be disclosed electronically and by other methods.

#### Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We may use and disclose your PHI in order to treat you, obtain payment for equipment and services provided to you, and conduct our "healthcare operations" as detailed below. These uses and disclosures do not apply to your "Highly Confidential Information," as defined below.

**Treatment:** We use and disclose your PHI to provide treatment and other services to you – for example, to treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

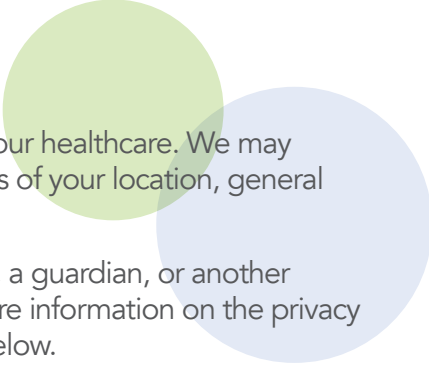
**Payment:** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you – for example, to claim and obtain payment from your health insurer, your HMO, or another company that arranges or pays the cost of some or all of your healthcare ("Your Payors"). We may also disclose your PHI to verify that Your Payors will pay for healthcare rendered or for eligibility inquiries.

**Healthcare Operations:** We may use and disclose your PHI in performing a variety of business activities we call "healthcare operations." These activities allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to evaluate the competence of our pharmacists and other healthcare workers and to arrange for legal services. We may also disclose PHI to other entities covered by HIPAA to conduct certain healthcare operations, such as quality assessment and improvement activities, or for healthcare fraud and abuse detection or compliance. We may also make incidental disclosures of limited PHI.

**Disclosure to Relatives, Close Friends, and Other Caregivers:** We may use or disclose your PHI to a family member, another relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) we obtain your agreement; or (2) you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, another relative, or a close personal friend, we will disclose only information that we believe is directly relevant

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to the person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

If the patient is a minor, we may disclose PHI about the minor to a parent, a guardian, or another person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our corporate office via the information below.

## As Required by Law

We will use and disclose your PHI whenever we are required to do so by law. For example, we are required to disclose PHI to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.

**Public Health Activities:** We may use or disclose your PHI for public health activities like these: (1) reporting health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability or aiding in disaster relief; (2) reporting child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) reporting information about products and services under the jurisdiction of the U. S. Food and Drug Administration; (4) alerting a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) reporting information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

**Victims of Abuse, Neglect, or Domestic Violence:** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority authorized by law to receive reports of such abuse, neglect, or domestic violence. These authorities may include a social service or protective services agency.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. For example, a government agency may request information from us while they are investigating possible insurance fraud.

**Judicial and Administrative Proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Decedents:** We may disclose your PHI to a coroner or medical examiner as authorized by law and as necessary for these entities to carry out their lawful duties

**Organ and Tissue Procurement:** We may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

**Research:** We may use or disclose your PHI without your consent or authorization for research, if conducted in accordance with applicable law.

**Threat to Health or Safety:** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

## How We Protect Your Rights, Privacy, and Safety (cont.)

**Specialized Government Functions:** We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities; correctional institutions; and national security and intelligence activities. We may also use or disclose PHI about you to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Workers' Compensation:** We may disclose your PHI as authorized by, and to the extent necessary to comply with, state law relating to workers' compensation or other similar programs.

**Business Associates:** There are some services provided in our organization through contracts with business associates. We may disclose your PHI to our business associates so they can perform the job we have asked them to do. However, we require the business associates to agree to protect your PHI.

**Limited Data:** We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health, and healthcare operations, provided the recipients of the data set agree to keep it confidential.

**Health Information Exchanges:** We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations, and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

### Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of PHI not described above in this Notice will be made only with a written authorization signed by you or your representative. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization. If you or your representative authorizes us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision to revoke your authorization.

**Uses and Disclosures of Your Highly Confidential Information:** In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"). To the extent applicable to us and required by law, we will comply with such special privacy protections which may cover the subset of your PHI that: (1) is about mental health and developmental disabilities services; (2) is about alcohol and drug abuse prevention, treatment, and referral; (3) is about HIV/AIDS testing, diagnosis, or treatment; (4) is about venereal disease(s); (5) is about genetic testing; (6) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; (8) is about sexual assault; or (9) is about abortion.

## Your Rights Regarding Your Protected Health Information

**Right to Inspect and Copy Your Health Information:** You may request access to or receive copies of your medical records, billing records, and other records used to make decisions about you, or you may direct us to send a copy of your electronic information to another person designated by you in writing. There may be a fee for obtaining paper copies of your records that is consistent with HIPAA and applicable state laws. Records may also be sent electronically via a secure message. If you desire access to your records, please send a written request to our Patient Care Department at the Elk Grove Village address listed in the HIPAA acknowledgement below. You can also **go to [Orsini.com/privacy-policy](https://orsini.com/privacy-policy)** to download our HIPAA Release Form and then email it to [patientcare@orsinihc.com](mailto:patientcare@orsinihc.com).

**Right to Request Restrictions:** You may request restrictions on our use and disclosure of your PHI:

1. For treatment, payment, and healthcare operations.
2. To individuals (a family member, another relative, a close personal friend, or any other person identified by you) involved with your care or with payment related to your care.
3. To notify or assist in notifying such individuals regarding your location and general condition.

While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction. The only exception is that we must agree to a restriction relating to a disclosure of PHI to a health plan for the purposes of carrying out payment or healthcare operations in which the PHI pertains solely to a healthcare item or service for which the healthcare provider has already been paid out of pocket in full and the disclosure is not required by law.

If you wish to request restrictions, please submit a written request to Patient Care Privacy Officer (see address below). A form to request restrictions is available upon request from the contact information below.

**Right to Receive Confidential Communications:** You may request, and we will accommodate, reasonable written requests for you to receive your PHI by alternative means of communication or at alternative locations.

**Right to Revoke Your Authorization:** You may revoke any written authorization obtained in connection with your PHI, except to the extent that we have taken action in reliance upon it. To do so, please send a written revocation statement or submit a request for the appropriate form to our Patient Care Department at the Elk Grove Village address listed in the HIPAA acknowledgement below.

**Right to Amend Your Records:** You have the right to request that we amend your PHI. If you desire to alter your records, please send a written statement, including the reason for the amendment, or submit a request for the appropriate form to our Patient Care Department at the Elk Grove Village address listed in the HIPAA acknowledgement below. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**Right to Receive an Accounting of Disclosures:** Upon request to our Patient Care Department, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request, provided the period does not exceed six years.

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# How We Protect Your Rights, Privacy, and Safety (cont.)

**Right to Receive Paper Copy of This Notice:** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically, by contacting our Patient Care Department.

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, feel free to contact Orsini's Chief Compliance Officer at the Elk Grove Village address listed in the HIPAA acknowledgement below.

You may also file written complaints with:

Director, Office for Civil Rights of the U.S. Department of Health and Human Services  
200 Independence Ave  
SW Room 509F, HHH Building  
Washington, DC 20201

You will not be retaliated against for filing a complaint with the Director.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact our Privacy Officer at [Compliance@Orsinihc.com](mailto:Compliance@Orsinihc.com).

**Personal Representatives:** If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian, or if another individual is authorized by law to make healthcare decisions for you (known as a "personal representative"), that individual may exercise any of the above rights on your behalf.

## Effective Date of This Notice

This Notice is effective as of October 2025.

The Office for Civil Rights and Office of the National Coordinator for Health Information Technology collaborated to develop these model Notices of Privacy Practices.

## Acknowledgement

I have received a copy of the Orsini Notice of Privacy Practices and understand if I have any questions I can contact:

**Orsini**

ATTN: Patient Care Privacy Officer  
1107 Nicholas Boulevard Elk Grove Village, IL 60007

**Phone:** 1-800-410-8575

**Email:** [Compliance@orsinihc.com](mailto:Compliance@orsinihc.com)

X

SIGNATURE

X

DATE OF SIGNATURE

**If not signed by the patient:**

NAME OF PERSON SIGNING (PRINTED)

DESCRIPTION OF RELATIONSHIP (I.E., GUARDIAN)

**Please fill out the information above, tear the page at the fold to the right, and mail the entire completed page (pg 22) to Orsini in the envelope provided.**

TEAR AT PERFORATION AND MAIL SIGNED FORM TO ADDRESS INDICATED

## How You Can Stay Safe at Home

### Keep Germs from Spreading

Wear a mask over your nose and mouth when needed to reduce the risk of contagious infections and diseases, including flu, COVID-19, and RSV. Check with your healthcare provider about keeping up to date on vaccinations.

### Hand Washing with Soap and Water—Best Practices

1. Wet your hands and wrists with warm water.
2. Use soap. Work up a good lather and rub well for 15 seconds or longer.
3. Rinse your hands well.
4. Dry your hands well.
5. Use a clean paper towel to turn off the water. Throw the paper towel away.

### Cleaning Your Hands with Hand Sanitizers (Waterless Hand Cleaners)—Best Practices

For gel product, use one application. For foam product, use a golf-ball-sized amount.

1. Apply the hand sanitizer to the palm of your hand.
2. Rub your hands together until dry. Cover all sides of your hands and fingers.

### Safe Medicine Use

1. If children are in the home, store medicines and poisons out of reach in childproof containers.
2. All medicines should be labeled clearly and kept in the containers they come in.
3. Do not give or take medicines that are prescribed for other people.
4. When taking or giving medicine, read the label, and measure doses carefully. Know the possible side effects of the medicines you are taking or giving.
5. Throw away outdated medicine by following the What to Do with Your Unused Medicines section in this handbook.

### Safe Use of Items That Help You Walk

When using items that help you get around (such as canes, walkers, wheelchairs, or crutches), use extra care to make sure you don't slip and fall.

1. Do not use walkers, canes, or crutches where the ground is uneven, slippery, or wet.
2. Always lock your wheelchair or seated walker before you stand up or sit down.
3. Always wear shoes when using a walker, a cane, or crutches.

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## How We Protect Your Rights, Privacy, and Safety (cont.)

### Prevent Slips and Falls in Your Home

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them:

1. Arrange furniture so you have a clear walkway.
2. Install safe handrails near or in all stairs, showers, bathtubs, and toilets.
3. Keep stairs well lit and clear of objects.
4. Place rubber mats or grids in showers and bathtubs.
5. Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.
6. Wipe up all spilled water, oil, or grease immediately.
7. Install good lighting.
8. Don't use throw rugs.

### Get Help Lifting Heavy Items

If something is too big, too heavy, or too awkward to move alone, GET HELP. Here are some things you can do to prevent lower back pain or injury.

1. Stand close to the load with your feet apart for good balance.
2. Bend your knees prior to lifting the load.
3. Use your leg strength to lift the load.
4. Keep your back as straight as possible while you lift and carry the load.
5. Avoid twisting your body when carrying the load.

### Prevent Electrical Accidents

Watch for early warning signs when using electrical appliances: overheating, a burning smell, or sparks. If you notice any of these, unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

1. Keep cords and electrical appliances away from water.
2. Check cords for damage before use.
3. Don't run cords under rugs, through doorways, or near heaters.
4. Choose the correct extension cord for larger appliances.
5. If you have a broken plug, outlet, or wire, don't use it. Get a new one, or get the damaged one fixed right away.
6. Don't overload outlets with too many plugs.

## Prevent Gas Accidents

If you smell gas:

1. Open windows and doors.
2. Turn off gas appliances.
3. Don't use matches or turn on electrical switches.
4. Don't use your telephone inside - dialing may create electrical sparks.
5. Don't light candles.
6. Call the gas company from outside your home right away.
7. If your gas company offers free yearly checkups, call and schedule one.

## House Fires: Escape Plan, Prevention, and Reaction

### Plan and practice your fire escape:

Look for at least 2 ways out of your home. If your fire exit is through a window, make sure it opens easily. If you're in an apartment, know where the exit stairs are located. Notify the fire department ahead of time if you have a disability or special needs. Don't use the elevator in a fire emergency.

### Here are some steps to prevent fires:

1. Put in smoke detectors. They're your best early warning. Test them often, and change the batteries every year.
2. If you use oxygen at home, place "No Smoking—Oxygen in Use" signs in plain view. Don't use any type of heater, candles, or fireplaces in your home.
3. Have your furnace and pipes checked regularly. If nearby walls or ceilings feel hot, add insulation.
4. Keep a fire extinguisher in your home, and know how to use it.
5. Wet a match with water before tossing it into a wastebasket.
6. Have your chimney and fireplace checked often. Look for and fix cracks and loose mortar.
7. Keep paper, wood, and rugs away from a fireplace area where sparks could hit them.
8. Carefully follow all instructions when using space heaters.

### If you have a fire or suspect fire:

1. Escape is your top priority – use your fire escape plan right away.
2. Ensure help is on the way – with no delay. CALL 9-1-1.
3. If your fire escape is blocked by fire, close the door and seal the cracks to hold back smoke. Signal for help from the window. Find other ways to let others know where you are.





# FAQs

## What should I do if I have a reaction to my medicine?

If you're having an uncomfortable or painful side effect or an allergic reaction to your medicine, please contact your provider or Orsini's pharmacy as soon as possible. If your reaction needs immediate attention, CALL 9-1-1 right away.

## What if my drug is recalled?

If your medicine is recalled, we'll contact you to let you know what to do next. We'll also give you the information we receive from the US Food and Drug Administration (FDA) and the drug manufacturer.

## When will a generic substitute be used?

Sometimes, it's necessary to substitute a generic medicine for the brand name medicine. This could happen because your provider or insurance company requests that we dispense the generic version, or because the generic version becomes available for the first time. If a substitution is made or becomes available, a Patient Care Coordinator will contact you before shipping the medicine to let you know about the switch.

## What if my prescription needs to transfer to a different pharmacy?

If Orsini can no longer supply your medicine due to a change to your insurance plan or for any other reason, a pharmacist will work with you to transfer your prescription to another specialty pharmacy. Additionally, if you feel that Orsini is unable to meet your needs, we will work with you to transfer your prescription to another specialty pharmacy.

## What if there's a natural disaster or emergency?

Our goal at all times is to make sure nothing keeps your medicines from getting to you. When there is a threat of disaster, we do everything we can to make sure you have the medicine you need.

If there's a natural disaster or other emergency where you live:

- Please call Orsini 3-5 days before an extreme weather event is forecasted to happen in your local area. Orsini will send your medicine overnight by FedEx so that you have it on hand before the severe weather arrives.
- If you need to leave your home for any length of time, please call our pharmacy right away to let us know where you're staying. If you can't call us, you can send your temporary address to [patientcare@orsinihc.com](mailto:patientcare@orsinihc.com).
  - We'll deliver your next shipment of medicine to your new location, so that you don't run out of medicine while away.
  - Once the emergency is over, please let us know when you return home, and we'll start delivering to your primary address again.
- If you can't reach us and can't be reached during an emergency, listen to your local news and rescue centers for advice on getting your medicine. Contact the provider who prescribed your medicine or your local hospital immediately if you're going to miss a dose. Go to the hospital right away if your medicine is life sustaining or would otherwise cause harm if missed.

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- If you have a personal emergency (for example, a house fire) and need your medicine, contact Orsini as soon as you can so we can get medicine to you in time for your next dose.

Orsini also has an emergency readiness plan in case a disaster occurs near one of our buildings:

- We proactively monitor our local weather and emergency disaster alerts and will aim to call you 3-5 days before a forecasted emergency in our area. We'll then work with you to arrange for a shipment before the weather emergency occurs.
- If we can't get your medicine to you before a severe weather event, we'll find out if there's a specialty pharmacy near you that can ship it to you, so you will not be without your medicine.
- Please provide Orsini a second emergency phone number if possible, to use if we can't reach you at your primary number.

## How can I consult a pharmacist?

If you have any questions regarding your prescription, call us at 1-800-410-8575 to be directed to a specialty pharmacist. Your pharmacist can::

- Help you learn how to use your medication safely
- Answer questions about what you can expect from your medication
- Discuss side effects

### For Illinois Patients—Pharmacist Consult Information

**Illinois law requires the pharmacist talk to you about any new or changed prescriptions.**

Education ensures safe and effective use of your medications, reducing the chances of a serious interaction.

If you receive prescriptions by mail, you may contact the pharmacist at the number provided on your order.

Call Orsini at **1-800-410-8575**.

If the pharmacist fails to discuss any new or changed prescriptions with you, please contact the state regulatory authority.

#### Department of Financial and Professional Regulation - Division of Professional Regulation

Complaint Intake Unit  
555 West Monroe Street, 5th Floor  
Chicago, IL 60661

<https://IDFPR.illinois.gov/>



### For Missouri Patients—State Licensing Information

**Orsini is licensed and regulated by the Missouri Board of Pharmacy:**

**Email:** MissouriBOP@pr.mo.gov

**Address:** 3605 MO Blvd., Jefferson City, MO 65109

**Phone:** 573-751-0091

All medication delivery methods employed by Orsini are validated both internally and through an outside vendor to ensure they comply with drug manufacturer specifications. All medication deliveries will be shipped overnight, and the delivery date will be predetermined and confirmed with you prior to shipment. If your delivery is delayed and/or adulterated in any manner and you want to confirm the viability of your medication, please contact Orsini at 800-410-8575 to discuss your concerns.

## How can I report a problem or concern?

Orsini is committed to quality customer service. If you have concerns or complaints, you are encouraged to contact us to share them. With your input, we can continue to improve the customer service we provide.

Please direct concerns or complaints to the Orsini Compliance Officer:

**Email:** [Compliance@orsinihc.com](mailto:Compliance@orsinihc.com)

**Address:** 1107 Nicholas Blvd, Elk Grove Village, IL 60007

**Phone:** 1-800-410-8575

If you call us with a complaint, we'll respond to you by telephone as soon as possible. If we can't respond to you immediately, we'll call or send you an email within 5 days. If you send us a complaint by mail, we will respond within 14 days.

If Orsini is unable to address your concern to your satisfaction, you can contact any of our accrediting organizations:

1. ACHC (Accreditation Commission for Health Care) — Phone: 1-855-937-2242; [ACHC.org/complaint-policy-process.html](http://ACHC.org/complaint-policy-process.html)
2. URAC (Utilization Review Accreditation Commission) — Phone: 1-202-216-9010; [URAC.org](http://URAC.org)
3. National Association of Boards of Pharmacy (NABP) — Phone: 1-847-391-4406; [NABP.pharmacy](http://NABP.pharmacy)
4. National Nursing Board — Phone: 1-312-525-3600; [NCSBN.org](http://NCSBN.org)

## How You Can Offer Your Feedback

Your feedback is important to us. Sharing your experience working with our specialty pharmacy helps us improve the care and service we provide. Please take a moment to complete our short survey at [orsini.com/feedback](http://orsini.com/feedback).



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