



Contact Information

800 886-9222 or 727 573-7847

Fax – 800 886-9229 or 727 573-0535

Regular hours of operation are Monday – Friday 9am-5pm EST, but we are available 24hr/day, 7 days/week for questions or special needs. If you need us after hours, just call our toll free number and you will be directed to the person on-call. You may also leave a non-urgent message at an individual extension.

You may also visit our website at infuserve.com

Pharmacists:

Call for questions regarding medications~

Randy Breton ext 203

Anthony Wolfinbarger ext 207

Kerry Earlywine ext 250

Patient Coordination:

Call to place orders~

Orders@infuserveamerica.com

Call and ask for Case Management for any questions or pricing~

Billing:

Call for questions regarding billing or insurance issues~

Ryan Cornwell ext 202

Warehouse Manager:

Call for delivery questions~

James Hennessy ext 227

Nursing Resource:

Call for questions regarding procedures, quality issues~

Elena Gustin, RN ext 236 cell 727 266-9205

Please feel free to call our toll free number – anyone on staff will be happy to assist you with any questions or concerns.

Important Paperwork

Under the federal HIPAA privacy rule we are required to give you notice of our **Privacy Practices**. We also provide you with a **Consent** and **Patient's Bill of Rights and Responsibilities**. The **Acknowledgement Form** is your agreement that we have provided you with all this information

If you ever need to speak with a pharmacist about medications, or a nurse about procedures, please do not hesitate to call us.

It is very important we receive this form as soon as possible!

Consent

1. I wish to purchase health care products/medications and/or services from Infuserve America, Inc., a privately owned home infusion/compounding pharmacy.
2. I understand that my physician is solely responsible for diagnosing and prescribing drugs and therapy for my condition and otherwise supervising and controlling my medical care. I also understand that Infuserve America, Inc. services do not include diagnostic, prescriptive or other functions typically performed by a licensed physician.
3. I agree to hold Infuserve America, its employees, representatives, volunteers, team members and agents free from all liability, claim, loss, damage or expense of any kind that may arise out of or is in any way connected to my participation in this service, including any claims based on negligence, action or inaction of any of the above parties.
4. I hereby authorize my healthcare providers to furnish to an agent of Infuserve America, Inc. any records pertaining to my medical history, services, or treatment, as needed. I further authorize Infuserve America, Inc. to release any medical information to other parties or health agencies involved in my care, or any regulatory or accrediting bodies that may be surveying Infuserve America, Inc.

Notice of Privacy

Your health information is guarded at Infuserve America, Inc.

We do not provide information to other companies, allow others to mine for data research, or do anything else for marketing purposes with information concerning you and your treatment. We are required to:

- Provide you with this notice
- Abide by the terms of this notice
- Accommodate any reasonable request you make
- Notify you if we are unable to agree to a requested restriction
- Obtain your written authorization to use or disclose your health information except otherwise stated in your Consent

What is my health information? This includes all the items in your medical record, such as your prescription, your lab work, communications with your physician or nurse, etc. That information is necessary for us to administer our business with you, advise you about your health and bill your insurance. It also includes identifying information, such as your name, phone number, address, social security number, etc.

Information we may disclose to third parties – Occasionally, Infuserve America, Inc. might be required to provide information to a third party not affiliated with your healthcare to complete a transaction or if required by law to do so. Examples of this might be a response to a subpoena or court order, judicial process, regulatory authorities or law enforcement. Additionally, we may disclose information to the FDA (Food and Drug Administration) of adverse events with respect to supplements, products or post marketing surveillance information to enable product recalls, repairs or replacements. We also may disclose information about you as required to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ donor, we may disclose health information about you to organizations that help with procurement and transplantation.

Use of your health information – Infuserve America will use your healthcare information to provide you with prescribed supplies, medication and services. We may need to communicate with other health professionals to coordinate your care. We disclose information on a need to know basis only. We may also need to disclose information to obtain payment for services, when you have authorized us to do so. We may communicate with you via telephone, e-mail, or mailings. We will deliver medication to the address you have specified via courier or delivery company. We may also leave messages on your telephone regarding your shipment, unless you specify otherwise.

Patient's Bill of Rights and Responsibilities

1. Every patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy. This includes being provided with the organization's Notice of Privacy Information, including privacy of Protected Health Information, and the agency's policies regarding disclosure of such.
2. A patient has the right to a prompt and reasonable response to questions and requests.
3. A patient has the right to know who is providing medical services and who is responsible for his or her care, and the right to freely choose health care providers and services. You also have the right to be informed of any limitations the providers may have.
4. A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
5. A patient has the right to know what rules and regulations apply to his or her conduct.
6. A patient has the right to be given, by the health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. The patient should participate in planning his/her care and services.
7. A patient has the right to refuse any treatment, except as otherwise provided by law.
8. A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
9. A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
10. A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care, medications and supplies.
11. A patient has the right to be informed of any financial benefits when referred to an organization.
12. A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
13. A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, sexual orientation, or source of payment.
14. A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
15. A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
16. A patient has the right to express grievances regarding any violation of his or her rights, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency. If you have a grievance complaint against Infuserve America, Inc., please call: **1800 886-9222**, and ask to speak with David Kazarian, President, or Elena Gustin, VP of Operations. You have the right to have your grievances properly investigated.

17. A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
18. A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
19. A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
20. A patient is responsible for following the treatment plan recommended by the health care provider.
21. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
22. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions. This includes requesting refills for medications prescribed.
23. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
24. A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
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Medication Information – Numbing Gel

You have received an order for a prescription that contains several products such as benzocaine and other topical anesthetics that creates a numbing effect when applied to your skin. When you receive the prescription the exact ingredients will be listed on the prescription label.

Before applying the cream, you should wash the area to be treated with soap and water or isopropyl alcohol if you have it. Make sure the area is dry then apply a very thin film to the area that is going to be treated. That should be done an hour to an hour and a half before your appointment.

After you apply the gel, give it time to be absorbed into the skin. If you don't do that it could stain your clothing. Also, **please do not use saran wrap to cover the area**. Using saran wrap could lead to unwanted side effects. Having said that, if being used for small surface area numbing, such as tattoo removal or dermal injections, you may be instructed to cover the gel with an occlusive dressing. This should be done under a doctor's supervision only. Follow the instructions given to you by your healthcare provider as it concerns administration of this product. You may be instructed to apply the gel at a specific time prior to your appointment. Your healthcare provider will tell you how much you can safely apply at one time. Please do not exceed this amount. Never use more than 30 grams for any one treatment and many treatments require less than 30 grams. If you are applying this gel to your legs, thighs, or lower legs, your full back, your full chest or both arms do NOT use it on any other body area on the same treatment date. No more than 25% of your body should have this gel applied at one time.

During warm weather, or if the gel is subjected to heat during shipping, it may become liquid. If you receive your prescription and it is in a liquid form, place it in the refrigerator and it will return to the gel state. The change from liquid to gel will not affect the potency of the product or its effect on the skin. You may also notice a slight grittiness which won't affect the numbing quality of the gel.

If you have allergies to sulfa drugs, sulfonamides or PABA you must do a test dose. Apply a pea sized amount of the gel to the inner part of the forearm, between the wrist and elbow. Rub the gel into a small area and observe for any type of reaction such as redness or swelling. If you experience a reaction, please contact your prescribing healthcare provider.

What about possible side effects? They are rare but can occur. Some are related to allergy, but you could experience contact dermatitis which is red, itchy skin and possible swelling of the skin. You could experience stinging, burning, tenderness, redness, nausea, dizziness, and low blood pressure as well as palpitations. These side effects are rare but can happen.

If you experience any of these side effects or are allergic to sulfa drugs and the test dose causes an irritation, please call your healthcare provider or Infuserve America at 800/886-9222.

You should not use the medication if you're pregnant or nursing, or allergic to any of the ingredients.

Please store the medication out of reach of children, in a cool dry place. Storage should be out of direct sunlight. Just a reminder, the gel

should be creamy, if liquid put it in the refrigerator.

One last thing, you should avoid alcohol on the day of your treatment.

If you have any questions or concerns, you can call us at 800/886-9222 and ask for one of our pharmacists.