

Rapps Pharmacy Camp Program RX
611 Park Ave.
Plainfield, NJ 07060
1-877-RAPPS-10
908-756-0008
rappsrx@gmail.com

Dear Camp Parents,

With the camp season fastly approaching, Camp Laurelwood is requiring camp families to have their medicines Pre-Packaged in blister packs. Rapps Pharmacy Camp Program Rx a direct provider, in full compliance with State and Federal law will dispense your child's medication in pill form on a daily or as needed basis. All the pills your child takes will be dispensed by our Pharmacy and packaged, sealed and sorted according to Day and Time of administration. Each package will be labeled with your child's name, medicine, dosage, date and time to be given. This includes prescription, non-prescription, and vitamins. This method of dispensing medication during summer camp will minimize potential medication errors insuring that every camper gets the correct medication and the correct dosage at the right time on the right day.

Please be aware that you are not required to have Rapps Pharmacy fill prescriptions that are not in pill form, liquids, inhalers, epi-pens etc., however, since they are Pharmacy Direct, you may choose to do so and they will be dispensed as well. All medication will be shipped to camp prior to your child's arrival. All unused medication will be sent home by the camp. If your child takes over the counter items, such as Benadryl, Advil, Tylenol, please check with the health center as they may commonly stock them.

Prescription medication will be billed directly to the Insurance Company. Camp parents will be responsible for a one time summer camp processing charge of \$15.00. for the full summer, or \$7.50 for one session which includes the cost of packaging and shipping all of your child's medications including refills directly to camp. The cost of any medication not covered by Insurance as well as any co-payments and deductibles will be billed to your credit cards as well as other requested over the counter items. Emergency orders are always accepted with an additional express overnight shipping charge where required.

DEADLINE DATES*

Full & 1st Sess. Registration Deadline: 5/27/10 Prescription Deadline: 6/4/10
2nd Sess. Registration Deadline: 6/25/10 Prescription Deadline: 7/2/10

*There is a \$25.00 Express Processing Fee for all incomplete registrations and prescriptions received after the Deadline Dates:

We welcome you to Rapps Pharmacy and look forward to providing our services to you and your family. If you need any assistance, please contact a Rapps Camp Care Representative at: 908-756-0008



RAPPS PHARMACY CAMP PROGRAM
 611 PARK AVE.
 Plainfield, NJ 07060
 908-756-0008
 908-668-8630 (fax)
RAPPSRX@GMAIL.COM

**RETURN THIS FORM TO
 RAPPS PHARMACY**

Camp Laurelwood 2010

- 1 Complete Registration form A-F
- 2 Attach a copy of your Prescription Benefit Insurance Card
- 3 Read, Sign and Date HIPAA document and attach signature copy with your application
- 4 Attach original prescriptions from your healthcare provider to this form
- 5 You should register even if your prescriptions are not available yet

DEADLINES

<u>Full Session & 1st Sess.</u>	Registration Deadline: 5/27/10	Prescriptions Deadline: 6/4/10
<u>2nd Session</u>	Registration Deadline: 6/25/10	Prescriptions Deadline: 7/2/10

**Registrations or prescriptions received after the deadline date will incur an additional \$25.00 Express Processing Fee. Additional shipping / handling may also apply.*

RAPPS CAMP PROGRAM RX REGISTRATION FORM

A CAMPER INFORMATION

Campers Name: _____	Date of Birth: _____
Address: _____	Phone Number: _____
City, State, Zip _____	Cell Number: _____
Camp Attending: <i>Camp Laurelwood</i>	Actual Dates Attending: _____
Parent/Guardian: _____	E-Mail: _____

B ALLERGIES

(Yes) Drug Allergies Please List: _____
 (No) Drug Allergies _____

C PRESCRIPTION PLAN INSURANCE CARD

***Please attach a legible copy front and back of your Prescription Plan Insurance Card
 Please write your member ID, Rx Group #, Rx Bin # if not on your card**

D PRESCRIPTIONS

No Prescriptions	<input type="checkbox"/>	How Many	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Phone #	<input type="checkbox"/>
Yes Prescriptions	<input type="checkbox"/>	Rx #	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Phone #	<input type="checkbox"/>
Transfer Prescriptions	<input type="checkbox"/>	Rx #	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Phone #	<input type="checkbox"/>

Please review all prescriptions you submit to us. Medications will be filled and dispensed exactly as written by your doctor. Please make sure if you require Brand it is requested and please check Admin times to verify proper time dispensing. If prescriptions are sent under separate cover, please write the child's name, DOB, Camp, and address on separate prescription.

E RAPPS CAMP PROGRAM RX MEDICATION LISTING

Please review your child's prescription at the time of your office visit to determine proper dosage, time of administration, brand versus generic. Please fill in your child's current medications below. We understand that there may be changes, additions, and alterations. While we cannot fill prescriptions from this medication listing, this is another program safety device to be sure we have all medications on file for start of camp. Please photocopy if you need additional space. Please be aware that you, the parent/guardian, are responsible for all medication changes after a prescription has been filled or packaged. If you have questions, please call us at 1-877-RAPPS-10 or email rappsrx@gmail.com.

Medication:	_____	Medication:	_____
Dosage (if known):	_____	Dosage (if known):	_____
Directions:	_____	Directions:	_____
Tablet / Capsule / Liquid	_____	Tab / Capsule / Liquid	_____
Brand or Generic	_____	Brand or Generic	_____

Medication:	_____	Medication:	_____
Dosage (if known):	_____	Dosage (if known):	_____
Directions:	_____	Directions:	_____
Tablet / Capsule / Liquid	_____	Tab / Capsule / Liquid	_____
Brand or Generic	_____	Brand or Generic	_____

Medication:	_____	Medication:	_____
Dosage (if known):	_____	Dosage (if known):	_____
Directions:	_____	Directions:	_____
Tablet / Capsule / Liquid	_____	Tab / Capsule / Liquid	_____
Brand or Generic	_____	Brand or Generic	_____

F CREDIT CARD INFORMATION

Type of Credit card	Visa	MC	Amex	Discover	<i>(Please circle one)</i>
Name on Card	_____			Billing Zip	_____
Billing Address of card	_____			Exp. Date	_____
Credit Card Number	_____			4 Digit Code on Front (Amex)	_____
	_____			3 Digit Code on Back (MC V Disc)	_____

Name as it appears on card _____ **I acknowledge and assume responsibility and grant authorization for Rapps Pharmacy to charge the above credit card in the amount of \$15. for a one time summer camp medication processing fee for the full summer, or \$7.50 for 1 session which includes shipping and handling for camp medication. I also acknowledge responsibility for the cost of any medication not covered by my insurance company, for any medication that Rapps Pharmacy cannot get reimbursement for, as well as any co-pays and deductibles and charges for requested OTC / Sundries which I agree will be billed to my credit card by Rapps Pharmacy. I authorize Rapps Pharmacy to contact my insurance company for insurance verification, billing, and collections for my child's medications. As per our HIPAA agreement all personal information received will be solely maintained for the purposes of dispensing prescriptions and insurance collection.**

*** Express processing fees and additional shipping/handling charges where applicable may also be charged.**

Signature of Guarantor: _____

Rapps Pharmacy
611 Park Ave.
Plainfield, NJ 07060
908-756-0008
908-668-8630 (fax)
1-877-RAPPS-10

Dear Healthcare Provider,

The camp that your patient _____ is attending this summer has elected to utilize Rapps Pharmacy Camp Program Rx to dispense and pre-package all of their medication.

All medication in pill form will be dispensed in compliance dose packaging, (uni or multi-dose depending on state specific law). The packages are labeled accordingly with name, date, dosage, administration time, etc. The packaged medication will be sent from our Rapps Pharmacy Camp Program Rx to the health care center at the camp. As you know, due to most insurance regulations, all medication will be dispensed in 30 day increments only.

We request that parents / guardians must mail the original prescriptions directly to Rapps Pharmacy Camp Program Rx along with a copy of our signed HIPAA form. The deadline for prescriptions will be June 4, 2010 for Full or 1st. Session and July 2, 2010 for the 2nd session.

Kindly please follow these guidelines in order to allow our pharmacy to dispense the medication in an efficient manner.

PRESCRIPTION GUIDELINES

- 1) **Non-Controlled Medication...**Please write for a 30 day supply with enough refills to cover the entire camp stay
- 2) **Controlled Substances (Schedule III-IV)...**Please write 1 prescription for each 30 day supply that is needed with enough refills to cover the entire camp stay. The DEA requires that all prescriptions for controlled medication be dated as of and signed on the date when issued.

- 3) **Controlled Substances (Schedule II)...**(Concerta, Focalin etc.)
The DEA has amended the regulation for writing Schedule II medications. Effective 12/07 you may write 1 prescription for each 30 day supply sequentially. Please don't postdate. The body of the prescription must provide written acknowledgement that indicates the earliest date that the pharmacy may fill. For example: A prescription dated 5/15/10 for X drug should say, Do Not Fill before 6/15/10. Another prescription written on 5/15/10 Do Not Fill before 7/15/10.

Please include license # and DEA# on all prescriptions. These are required by law.

Our pharmacy is located in a state where state law allows a Schedule II prescription to be filled up to 30 days from the date on the prescription.

Thank you for all of your help in advance,
Rapps Pharmacy Camp Program RX

CAMP LAURELWOOD

RAPPS PHARMACY

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

RAPPS PHARMACY respects the confidentiality of your health information and recognizes that information about your health is personal. We are committed to protecting your health information and to informing you of your rights regarding such information.

Under applicable law, RAPPS PHARMACY is required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information.") Protected Health Information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. RAPPS PHARMACY is also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

RAPPS PHARMACY strives to make sure that health information that identifies you is kept private.

Uses and Disclosures of Your Protected Health Information

As part of our day-to-day activities, RAPPS PHARMACY may need to disclose or use your Protected Health Information for several purposes. Whenever we communicate your Protected Health Information to third parties we will take reasonable efforts to limit the Protected Health Information disclosed to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Those purposes of communicating your Protected Health Information include the following:

1. **Communications with you.** RAPPS PHARMACY may disclose your Protected Health Information to you. We may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Communications with your Parent or Guardian.** If under applicable law a parent, guardian, or other person acting in loco parentis (has authority to act on behalf of an individual who is an unemancipated minor is making decisions related to health care, RAPPS PHARMACY must treat such person as a personal representative and may disclose Protected Health Information to him/her ONLY if an applicable provision of State or other law, including applicable case law, permits or requires such disclosure.
3. **Treatment.** RAPPS PHARMACY may disclose your Protected Health Information for treatment purposes. Such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with physicians, nurses, dietitians, technicians, residents, medical or other health professional students, physical therapists or other personnel who are involved in your care and who will provide you with medical treatment or services regarding your medications, treatment, or condition. We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.
4. **Payment.** RAPPS PHARMACY may use your health information for various payment-related functions. Example: We may contact your insurer, including Medicare or Medicaid, pharmacy benefit manager or other health care payor to determine whether it will pay for your medication and the amount of your co-payment. We will bill you or a third-party payor for the cost of medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the medications you are taking.

5. **Healthcare Operation.** RAPPS PHARMACY may use your health information for healthcare operations purposes; such use and disclosure will take place in a number of ways, including for quality assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities; planning, development, management and administration. Your Protected Health Information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

6. **As Required by Law.** RAPPS PHARMACY may disclose your Protected Health Information when required by the government under federal law to investigate or determine the pharmacy's compliance with privacy requirements. We may use or disclose Protected Health Information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the FDA to report medical device or product related events. In certain limited situations, we may also disclose information to notify a person exposed to a communicable disease. We may disclose Protected Health Information in response to a subpoena, or order of a court or administrative tribunal.

7. **Research.** We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

No other uses or disclosures of your Protected Health Information will occur without your written authorization. For situations not generally described in this Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned, nor will your revocation affect any action that we have already taken.

Your Rights Regarding Your Protected Health Information

Under applicable law, you have certain rights that RAPPS PHARMACY is committed to upholding. Those rights include the following.

1. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
2. You have the right to request inspection and copying of your Protected Health Information. Such a request must be made in writing. We may require you to pay for this request to cover our costs of copying, labor, and postage.
3. You have the right to request amendment or correction of your Protected Health Information. To make such a change RAPPS PHARMACY will ask you to make the request in writing with a description of the reason you want the record changed. RAPPS PHARMACY may not always agree to such requests.
4. You have the right to request an accounting of the disclosures of your Protected Health Information by us. We are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, or for notifications otherwise excluded by law.
5. You have the right to receive a paper copy of this notice upon request.
6. In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request, please contact in writing:

Attention Privacy Officer
Peter Pogany
RAPPS PHARMACY
611 Park Ave.
Plainfield, New Jersey 07060

7. You may restrict or prohibit these uses and disclosures by notifying a RAPPS PHARMACY representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to signing the acknowledgment of the receipt of this notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with

your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

General Provisions

If you have any questions or complaints about the way RAPPS PHARMACY handles your Protected Health Information or you believe that your privacy rights have been violated contact the RAPPS PHARMACY Privacy Officer, Peter Pogany, at (908) 756-0008 or in person. You may also complain to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

We reserve the right to change the terms of this notice and to make new notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this notice by contacting us or upon the receipt of pharmacy care services.

You may contact us for further information at:

Attention Privacy Officer
Peter Pogany
RAPPS PHARMACY
611 Park Ave.
Plainfield, New Jersey 07060
(973) 756-0008

This Notice is effective as of January 16, 2008.

SEND THIS FORM TO RAPPS

RAPPS PHARMACY

Notice of Privacy Practices

I received a copy of RAPPS PHARMACY Notice of Privacy Practices. I understand that if RAPPS PHARMACY uses my Protected Health Information in a manner different than described by the Notice that RAPPS PHARMACY must first get my permission in writing.

I am accepting this notice on behalf of:

- Myself
- Another person as his or her personal representative (parent, guardian, etc.)

Patient Name: _____ (print)

Signature: _____

Name: _____ (print)

Relationship to Patient: _____ (self, guardian, parent,
other)

Date: _____

If you received this by mail, please return a signed copy of this page to:

Attention Privacy Officer
Peter Pogany
RAPPS PHARMACY
611 Park Ave.
Plainfield, New Jersey 07060

CAMP LAURELWOOD