

## **Documentation of Informed Patient Consent to Auto-Refill and Texting Programs:**

By completing this form, the pharmacy employee is attesting that: (1) they have read the entire list of terms and conditions for the Auto-Refill and Texting programs to the patient or authorized representative; (2) the patient or representative was invited to ask questions, and that any questions were answered to the patient or representative's complete satisfaction; (3) the patient or caregiver has explicitly agreed to the patient's participation in both programs; and (4) the patient or representative has agreed to all of the terms and conditions for both programs, or just the texting program, as indicated.

### **Terms and Conditions for Auto-Refill Program:**

1. Patient requests that AcariaHealth pharmacy and/or Foundation Care pharmacy enroll the patient in an automatic refill program for the non-controlled substance, maintenance medications requested by the patient and listed in the pharmacy's documentation of the patient's consent and enrollment into the auto-refill program.
2. For a patient to enroll in the auto-refill program, the patient must also agree to receive health, healthcare, and pharmacy related text messages.
3. Prior to the pharmacy dispensing a refill for a medication included in the auto-refill program, the pharmacy will notify the patient via text message that the medication is due and ready for refill.
  - 3.1. If the patient responds "Yes" the patient agrees that the pharmacy will dispense the refill.
  - 3.2. If the patient fails to respond, the patient agrees that the pharmacy will dispense the refill.
  - 3.3. If the pharmacy responds "No" the patient and medication will remain in the auto-refill program but the pharmacy will not dispense the refill.
  - 3.4. If the patient responds "Stop" the patient will be completely removed from the auto-refill program for all medications.
4. Patients may end the auto refill program for some or all enrolled medications at any time by calling 833-494-2623.
5. Auto-refill program is not available:
  - 5.1. For prescriptions submitted to federal health care programs for reimbursement;
  - 5.2. Where pharmacy provider agreements prohibit auto-refill programs; and
  - 5.3. Where auto-refill programs are prohibited by law.
6. These terms & conditions are available on the AcariaHealth and Foundation Care websites.

### **Terms and Conditions for Texting Program:**

1. Patient requests and agrees that AcariaHealth pharmacy and/or Foundation Care pharmacy send patient health, healthcare, and pharmacy related text messages to the cellular telephone number provided by the patient. This number must be part of the pharmacy's documentation of the patient's consent and enrollment in the texting program.
2. Patients may enroll in the texting program without enrolling in the auto-refill program.
3. Patient agrees to be responsible for any charges levied by their cellular provider for receiving text messages.
4. Patients may opt out of the texting program at any time by:
  - 4.1. Calling 833-494-2623.
  - 4.2. Responding to any pharmacy text message with "Stop."
5. If a patient enrolled in the auto-refill program terminates their enrollment in the text message program, the patient will be completely removed from the auto-refill program.
6. These terms & conditions are available on the AcariaHealth and Foundation Care websites.