

1545 University Blvd N Jacksonville, FL, 32211

### Dear Patient,

Welcome to Citizen Pharmacy We are excited about the opportunity to serve you for your pharmacy needs.

The staff understands that your medical needs may be complex and requires special knowledge when collaborating with your medical provider and insurance company. We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy. You can expect:

# • Personalized patient care

Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. Specialty patients will be auto-enrolled in the Patient Management Program. The program provides patients with training, education and counseling.

# • Collaboration with your Doctor

We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors. We will also provide coordination of prior authorization with your insurance company.

# • Regular follow-up

Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, provide refill reminders and will be your healthcare advocate.

# • Benefits

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits. Coordination of prior authorization with your insurance company

# • Delivery

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 - 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address. most prescriptions are ready for dispensing within next business day once all copayments if any are met as well as based on insurance coverage.

# • 24/7 Support

Clinically-trained personnel are available 24 hours a day, 7 days a week including holidays and weekends. We are always here to answer any questions or address any concerns you may have.

Our pharmacy is located at \*\* 1545 University Blvd N, Jacksonville, FL,32211 \*\*

Our business hours and hours of pharmacist availability:

Monday-Friday 9:00 AM-6:00 PM EST

Saturday /Sunday off

Phone 844-224-8493

Fax 844-324-8493

# Email Office@citizenpharmacy.us

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing Citizen Pharmacy.

Sincerely,

The Citizen Pharmacy Team

### PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

### As our patient, you have the right to:

- To express concerns, grievances, or recommend modifications to your Pharmacy in regard to services or care, without fear of discrimination or reprisal
- To receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To confidentiality and privacy of all information contained in the patient record and of Protected Health Information;
- To receive information on how to access support from consumer advocates groups
- To receive information to assist in interactions with the organization
- To receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another.

- To Receive pharmacy health and safety information to include consumers rights and responsibilities
- To know the philosophy and characteristics of the *patient management* program
- To have *personal health information* shared with the *patient management* program only in accordance with state and federal law
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- The right to speak to a health professional
- The right to receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary.
- To receive information about the *patient management* program
- To receive administrative information regarding changes in or termination from the *patient management* program
- To decline participation, revoke consent or disenroll from the patient management program at any point in time
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization

# As our patient, you have the Responsibility

- To notify your Physician and the Pharmacy of any potential side effects and/or complications
- To submit any forms that are necessary to participate in the program to the extent required by law
- To give accurate clinical and contact information and to notify the *patient management* program of changes in this information
- To notify their treating *provider* of their participation in the *patient management* program, if applicable

- To maintain any equipment provided
- To submits forms that are necessary to receive services
- To provide accurate medical and contact information and any changes
- To notify the treating provider of participation in the services provided by the pharmacy
- To notify the pharmacy of any concerns about the care or services provided.
- To participate in the development and updating of a plan of care

### HIPAA PRIVACY NOTICE

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.

# **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

# **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- · Provide mental health care
- Market our services and sell your information
- Raise funds

# **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

# Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

# Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

# Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a
  different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care
  operations, and certain other disclosures (such as any you asked us to make). We'll provide one
  accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within
  12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

# Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

# **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation.
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Our Uses and Disclosures

# How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

# Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

# Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

# How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

# Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacv/hipaa/understanding/consumers/noticepp.html.

# **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you need any additional information about this Notice or wish to exercise any of your rights set forth in this Notice, please contact the Privacy Officer at the following address:

# **IMPORTANT INFORMATION**

### ☐ Patient Management Program

- o As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program.
- o The Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.
- o Limitations of the program can be self-reporting, and participation.
- o If you wish to opt out of the program, please call and speak to our pharmacy staff.

### ☐ Co-Pay Assistance and Payment

- o Before your care begins, a staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources.
- o These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period.
- o This co-payment is due at the time of shipping or pickup. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment.
- o We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

### **☐** Insurance Claims

o We will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue. There may be financial obligations if your health benefit plan is an out of network pharmacy, if that happens the organization will provide notice of this in writing.

### □ Refills

o You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a medication access coordinator or pharmacist to process your refill requests. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan.

### ☐ Prescription Transfers

- o If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- o If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please call us.

### ☐ Adverse Drug Reactions

o If you are experiencing adverse effects to the medication, please contact your doctor or the Pharmacy as soon as possible

# **□ Drug Substitution Protocols**

Our Pharmacy will always use the most cost-efficient option for you. From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request.

# Proper Disposal of Sharps

o Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

# ☐ Proper Disposal of Unused Medications

o For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:



# Table 1. ISMP's Top 10 List of Safety Tips for Fentanyl Patches Before you use the patches: Use for long-term chronic pain only Use intact patches Avoid broken skin When picking up the prescription: Talk to your pharmacist about the type of pain you are experiencing and other pain medicines you are taking While wearing a fentanyl patch: Follow directions and use exactly as directed Do not warm your patches Do not wear during an MRI test Report signs of an overdose When storing and discarding the patches: Store patches safely by keeping them out of reach of children Dispose of patches safely by folding the sticky sides together and flushing them down the toilet

 $\underline{http://www.fda.gov/for consumers/consumer updates/ucm101653.htm}$ 

http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm

RXdrugdropbox.org

ISMP, Institute for Safe Medication Practices; MRI, magnetic resonance imaging

### ☐ Drug Recalls

o If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the FDA or drug manufacturer.

# **Emergency Disaster Information**

o In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

### ☐ Concerns or Suspected Errors

- o We want you to be completely satisfied with the care we provide. If you or your caregiver have any issues, please contact us directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days.
  - o URAC Complaint Info

• Website: <a href="https://www.urac.org/complaint/">https://www.urac.org/complaint/</a>

Email Address: <u>grievances@urac.org</u>

- o ACHC Complaint Info
  - Website: <a href="http://achc.org/contact/complaint-policy-process">http://achc.org/contact/complaint-policy-process</a>
  - For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department
- o Florida Board of Pharmacy

Website: <a href="https://floridaspharmacy.gov/">https://floridaspharmacy.gov/</a>

• Telephone: 850-488-0595

Email: <a href="https://floridaspharmacy.gov/contact/">https://floridaspharmacy.gov/contact/</a>

# EMERGENCY & DISASTER PREPAREDNESS PLAN

Citizen Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, snow storms, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

- 1. The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
  - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence.
- 2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.
- 3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
- 4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
- 5. The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

# **Hand Washing**

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Cough
- Sneeze
- Blowing your nose
- Before you eat
- Touch any blood or body fluids

- If you are
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

# Here's how you should clean your hands with soap and water:

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

# Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):

- For gel product use one application.
- For foam product use a golf-ball size amount.
- Apply product to the palm of your hand.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

### **Home Safety Information**

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

### **Medication**

- ✓ If children are in the home, store medications and poisons in childproof containers and out of reach.
- ✓ All medication should be labeled clearly and left in original containers.
- ✓ Do not give or take medication that were prescribed for other people.
- ✓ When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
- ✓ Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

### **Mobility Items**

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra caution to prevent slips and falls.

- Avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the locked position when standing up or before sitting down
- Wear shoes when using these items and be try to avoid obstacles, soft and uneven surfaces.

### **Slips and Falls**

Slip 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 in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Install good lighting

### Lifting

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

- Stand close to the load with your feet apart for good balance.
- Bend your knees prior to carrying the load
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead clear your way.

### **Electrical Accidents**

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Do not overload outlets with too many plugs.

### **Smell Gas?**

- Open windows and doors.
- Shut off appliance involved
- Don't use matches or turn on electrical switches.
- Don't use telephone dialing may create electrical sparks.
- Don't light candles.
- Call Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

# <u>Fire</u>

Pre-plan and practice your fire escape. Look for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar.

- Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

# If you have a fire or suspect fire

- 1. Take immediate action per plan -Escape is your top priority.
- **2.** Get help on the way with no delay. CALL 9-1-1.
- **3.** If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Dear Patient This is a list of community resources which could be helpful if any of these disease relates to you, also there are some community resources with could be general or for multiple disease, please do not hesitate to call our pharmacists for more help regarding you disease state

Disease State	Name	Website
		https://www.aasld.org/publications/practic
Hepatitis C	AASLD Practice Guidelines	<u>e-guidelines-0</u>
	U.S. Department of Health	
	and Human Services- HIV	
HIV/AIDS	Clinical Guidelines	https://aidsinfo.nih.gov/guidelines
	Center for Disease Control	
	and Prevention HIV/AIDS and	
HIV/AIDS	Guidelines	https://www.cdc.gov/hiv/default.html
	Center for Disease Control	
	and Prevention HIV/AIDS and	https://www.cdc.gov/hiv/guidelines/index.h
HIV/AIDS	Guidelines	<u>tml</u>
	National Comprehensive	
ONCOLOGY	Cancer Network	https://www.nccn.org/
	University of Liverpool HEP	
Hepatitis C	Drug Interactions	https://www.hep-druginteractions.org/
	Clinical Care Options	
	(Hepatitis, HIV, Oncology	
	Immunology, Cardiology,	
MULTIPLE USES	Diabetes)	https://www.clinicaloptions.com/
MULTIPLE USES	Mayo Clinic	https://www.mayoclinic.org

	American College of	
	Neurology – Practice	https://www.aan.com/policy-and-guidelines
NEUROLOGY	Guidelines	/guidelines/
		https://www.nationalmssociety.org/For-Pro
MULTIPLE	National Multiple Sclerosis	fessionals/Clinical-Care/Resources-for-You-a
SCLEROSIS	Society	nd-Your-Practice/Resources-and-Tools
	National Hemophilia	
HEMOPHILIA	Foundation	https://www.hemophilia.org/
	Center for Disease Control	
HEMOPHILIA	and Prevention Hemophilia	https://www.cdc.gov/ncbddd/hemophilia/
	American College of	https://www.rheumatology.org/Practice-Qu
	Rheumatology- Clinical	ality/Clinical-Support/Clinical-Practice-Guide
RHEUMATOLOGY	Guidelines	<u>lines</u>
	American College of	
	Dermatology- Clinical	https://www.aad.org/practicecenter/quality
DERMATOLOGY	Guidelines	/clinical-guidelines
	Rare Diseases and Orphan	
RARE DISEASES	Drugs	https://rarediseases.org/
	Rare Diseases and Orphan	http://www.orpha.net/consor/cgi-bin/index
RARE DISEASES	Drugs	.php
	America Diabetes	
DIABETS	Association	https://www.diabetes.org/
	National headache	
Migrane	foundation	https://headaches.org/