



Thank you for allowing Texas Children's Specialty Pharmacy to serve you. We are here to assist you in the next stages of your child's care.

Texas Children's Specialty Pharmacy provides medication typically prescribed for complex medical conditions that may not be available through a neighborhood pharmacy. Our team of highly skilled pharmacists and caring medical professionals work together to meet your child's unique needs.

As a participant in the Specialty Pharmacy program, you now have access to free home delivery of prescriptions, medication pick up in Wallace Tower at Texas Children's Hospital, refill scheduling, and patient services available in multiple languages. We consult with you to help manage not only medication needs, but work with your child's medical team and insurance providers to help patients get the medications they need.

If you have any questions about our services or your medications, please call Toll-Free (877) 7272503 option 2, Monday – Friday, 8:00 a.m. – 6:00 p.m.

We look forward to serving you.

Sincerely,

Josephine Hurtado, RPh
Director, Texas Children's Specialty Pharmacy
jmhurtad@texaschildrens.org



Enrollment Form

I understand that by signing this form, I am enrolling to have my medication(s) filled at Texas Children’s Specialty Pharmacy. I understand that I will receive some or all of the following services from Texas Children’s Specialty Pharmacy: periodic refill reminder phone calls or emails; offers in person, by phone, or email to enroll in copay assistance programs, when available; educational phone calls, emails, or materials related to my medication/condition; requests to complete satisfaction surveys; additional contact from the pharmacy as related to my medication(s), its delivery, or payment. I understand that I may opt out of the program at any time by contacting Texas Children’s Specialty Pharmacy at Toll-Free (877) 727-2503 option 2.

By signing this form, I am also agreeing to the following:

- 1. Designating person(s) to whom the pharmacy can speak and who can speak to the pharmacy about services you receive from Texas Children’s Specialty Pharmacy:

Name of person to whom we may speak

Relationship to patient

Name of person to whom we may speak

Relationship to patient

- 2. Acknowledge that I have received a copy of Texas Children’s Specialty Pharmacy HIPAA Notice of Privacy and the Patient Bill of Rights.

- 3. Release of your protected health information only in accordance with Texas Children’s Specialty Pharmacy policy and state and federal law.

Signature of patient/spouse/caregiver

Relationship to patient

Print Patient’s Name

Patient’s Date of Birth