

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 submit 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