

Patient Bill of Rights and Responsibilities

To ensure the finest care possible, as a Patient receiving Durable Medical Equipment (DME) and our Pharmacy services, you should understand your role, rights and responsibilities involved in your care.

Patient Rights

- To select who provides you with DME and Pharmacy services
- To be fully informed in advance about care/services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to your plan of care
- To be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/services expected from third parties and any charges for which you will be responsible
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from mistreatment, neglect, or abuse be it verbal, mental, sexual, or physical, including injuries of unknown source, and misappropriation of your property
- To receive information about the Specialty Pharmacy Patient Management program and know about the philosophy and characteristics of it including changes in or termination of the program, as appropriate
- To assist in the development and preparation of your plan of care, if applicable, that is designed to satisfy, as best as possible, your current needs
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, opt-out of services, as applicable, or the termination of services
- To express concerns or grievances regarding your treatment or care, lack of respect of property, recommend changes in policy, personnel, or modifications to your DME and/or Pharmacy services, without fear of discrimination or reprisal and to have these concerns or grievances investigated
- To receive treatment and services within the scope of your plan of care, promptly and professionally including any limitations of these services, while being fully informed as to our Pharmacy's policies and procedures and the ability to speak with a healthcare professional
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To have your plan of care, patient record, and all protected health information remain private and confidential, except as required and permitted by law, and be given information as it relates to any uses and disclosures
- To have personal health information shared with the patient management program only in accordance with state and federal law, as applicable

- To identify staff members, including their job title, and to speak with a staff member's supervisor if requested
- To be notified of any financial benefit due to a referral of your services to an alternate provider
- To be fully informed of your responsibilities

Patient Responsibilities

- To submit and update accurate and complete information including, contact information, insurance information, your past and present medical history, requested clinical information and any forms that are necessary to facilitate your care, to the extent allowable by law
- To participate in the development and updating of your plan of care
- To communicate whether you clearly comprehend course of treatment and plan of care
- To be responsible for adherence to your prescribed service/product or care plan
- To be responsible for payment of all co-pays and deductibles
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Pharmacy personnel
- To notify your Provider and the Pharmacy with any potential side effects and/or complications
- To notify your Provider of participation in our Specialty Pharmacy Patient Management program, as applicable