

## Patient Bill of Rights and Responsibilities

Healthcare customers have a right to be notified in writing of their rights and obligations before care/service is begun. Health care providers have an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights.

### **Patients have the rights to:**

1. Be fully informed in advance about services/care to be provided and have the right to know about philosophy and characteristics of the patient management program.
2. The right to have personal information shared with the patient management program only in accordance with state and federal law.
3. The right to identify the program's staff members, including job title, and to speak with a staff member's supervisor if requested.
4. The right to speak to a health professional.
5. The right to receive information about the patient management program.
6. The right to receive information administrative information regarding changes in, or termination of the patient management program.
7. The right to decline participation, revoke consent, or disenroll at any point in time.
8. Be treated with dignity, courtesy and respect as a unique individual.
9. Choose a healthcare provider.
10. Receive information about the scope of care/services that are provided at Professional Arts Pharmacy as well as any limitations to the company's care/service capabilities.
11. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, monograph etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
12. Coordination and continuity of services from Professional Arts Pharmacy, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
13. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
14. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
15. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
16. Receive information regarding your order status. Patients or caregivers can call 888-237-4737 and speak with a pharmacy employee.
17. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
18. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
19. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
20. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
21. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call 888-237-4737 and ask to speak with a pharmacist or a member of senior management.
22. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
23. Be informed of any financial relationships of the pharmacy.
24. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
25. Be advised of pharmacy number, 888-237-4737 for after hours as well as normal business hours of Monday - Friday 8:00am – 5:30pm, closed Saturdays, Sundays, and all major holidays.
26. Be advised of any change in the plan of service before the change is made and to receive administrative information regarding changes in or termination of the patient management program.
27. Participate in the development and periodic revision of the plan of care/service.
28. Receive information in a manner, format and/or language that you understand.
29. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
30. Be fully informed of your responsibilities.
31. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

### **Patients have the Responsibility to:**

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in Professional Arts Pharmacy's Patient Management Program
2. Adhere to Professional Arts Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services and to notify the patient management program of any changes in this information.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with Professional Arts Pharmacy during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, sexual orientation or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.