

Patient Rights & Responsibilities

You, or your authorized agent, have the right to:

- Be treated with dignity and respect regardless of race, creed, color, age, gender, disability, national origin, infectious disease status, or sexual orientation.
- Be free of mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- Communicate with healthcare providers and to receive education and training related to prescribed treatment /therapy in a language that you understand.
- Participate in the planning of your care, and to be notified of any changes; the risks, benefits, and side effects of medication therapy, including generic drug substitutions.
- Receive information regarding the patient medication management program for their therapy, and to be notified of any changes in such program, including termination as well as any alternatives that are available.
- Participate in the scheduling of deliveries of medications and supplies and be notified of any delays in deliveries.
- Be notified of the names and disciplines of those who will provide care or interacting with them over the phone.
- Refuse treatment after being fully informed of possible results and risks.
- Be referred to another provider for care if denied service for any reason.
- Voice grievances and have an investigation of all complaints regarding treatment, communication, concerns, or errors without fear of coercion, discrimination, reprisal, or unreasonable interruption in treatment, as well as the right to speak with a supervisor of the staff member if requested.
- Confidential handling of medical records as provided by law.
- Receive information in writing about your rights, and to safety information related to accessing drugs in time of disaster, proper drug disposal, responding to recalls and support with adverse drug reactions.
- Be informed of the financial responsibilities, including but not limited to: out-of-pocket costs related to deductibles, co-payment, co-insurance, insurance limits, and how to contact the pharmacy for clarification of their billing.

You, or your authorized agent, have the following responsibilities:

- Provide accurate and complete information about present complaints, illnesses, medications, and other matters relating to your health so that a complete drug assessment can be performed, as well as any changes in your condition.
- Provide accurate contact information and notify the pharmacy of any changes to your address or phone.
- Ask questions when you do not understand care, treatment, directions, and services.
- Follow instructions provided with your prescription, accepting that there may be health consequences of the outcome for medications not taken properly.
- Protect against the transfer of the prescription to any other person than for whom it is prescribed, in accordance with State and Federal Law.
- Submit forms necessary to participate in program management and to notify their treating provider in participation of patient management programs if not already known or requested by the prescriber.
- Promptly meet any financial obligations agreed to with the pharmacy.

Please call the pharmacy using **the number on your prescription label, or (877) 654-7812**, if you have any concerns regarding scheduling shipments, or medication therapy. Our staff will answer the phone directly during normal business hours Monday through Friday, **8AM to 8PM EST**. An answering service is utilized to handle urgent after-hours calls.

We also encourage you to voice any concerns, complaints or suggestions for improving patient care, safety and service satisfaction. We want you to be completely satisfied with the care we provide. We will review your concern, complaint, or suggestion and when applicable, resolve any issues.